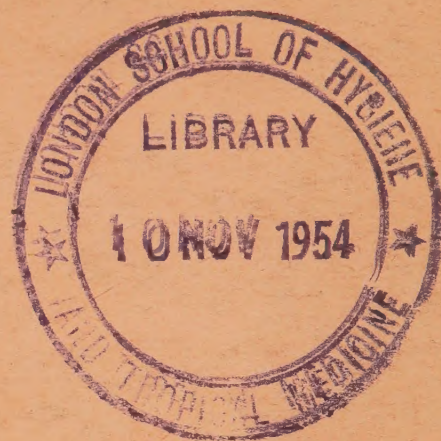


AS.48
CW

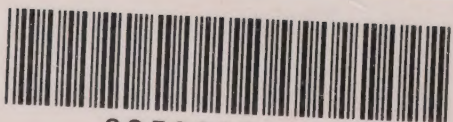
NORTHERN IRELAND
TUBERCULOSIS AUTHORITY



EIGHTH
ANNUAL REPORT

YEAR ENDED
31st DAY OF DECEMBER, 1953

UNIVERSITY OF CALIFORNIA
LIBRARY



22502938202

NORTHERN IRELAND
TUBERCULOSIS AUTHORITY



EIGHTH
ANNUAL REPORT

YEAR ENDED
31st DAY OF DECEMBER, 1953

Presented to the Ministry of Health and Local Government in accordance
with Section 5 of the Public Health (Tuberculosis) Act (Northern Ireland), 1946.

WILLIAMS
LIBRARY
Ann Rep
WF28
.B17
N87
1953

NORTHERN IRELAND TUBERCULOSIS AUTHORITY

Telephone 27871 (4 lines)

27 Adelaide Street,

Belfast,

14th September, 1954.

The Rt. Hon. Dame Dehara Parker, D.B.E., M.P.,

Minister of Health and Local Government,

Stormont, Belfast.

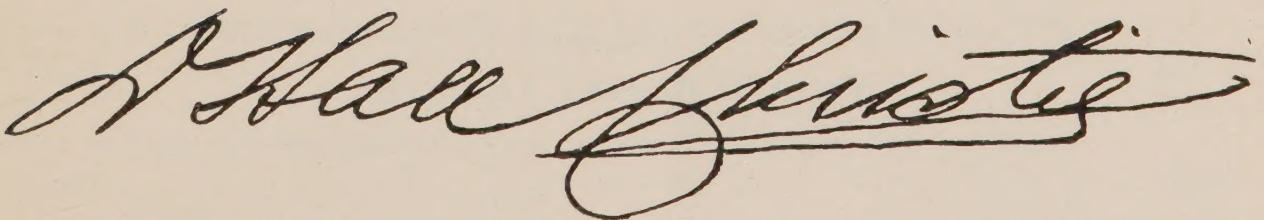
Dear Madam Minister,

I have the honour to present the Annual Report of the Authority in respect of the year ended 31st December, 1953.

In so doing, I should like on the Authority's behalf to acknowledge your continued personal interest in its work and to express appreciation of the helpful assistance rendered by the officers of your Ministry.

With respect, I remain,

Yours sincerely,

A handwritten signature in dark ink, reading "Alan Christie". The signature is fluid and cursive, with a large, sweeping flourish at the end.

Chairman.

Northern Ireland Tuberculosis Authority

Established and Incorporated under the
Public Health (Tuberculosis) Act (Northern Ireland), 1946.

MEMBERS OF AUTHORITY

Mr. D. HALL CHRISTIE, C.B.E., D.L.
(Chairman)

Alderman A. SCOTT, J.P.
(Vice-Chairman)

Professor F. M. B. ALLEN, M.D., F.R.C.P.

Professor J. H. BIGGART, C.B.E., D.Sc., M.D.,
M.R.C.P.

Mr. M. BUSBY, M.B.E., J.P.

Councillor J. D. E. CHEYNE, B.A.

Mr. S. C. CUPPLES, J.P.

Dr. J. C. DAVISON, B.Sc.

Mrs. J. L. FINLAY, J.P.

Councillor Major W. D. GEDDIS, J.P.

Councillor T. W. HARPUR

Mr. W. H. HURST, M.A.

Mr. J. N. LAMONT

Mr. J. A. McGLADE, J.P.

Councillor K. A. MacKENZIE

Mr. F. J. McKINLEY

Mr. A. MILLAR

Mr. R. S. SPROULE, J.P.

Alderman J. TWYBLE, J.P.

Secretary:

WILLIAM HARVEY, A.S.A.A., F.H.A.

HEADQUARTERS
27 ADELAIDE STREET
BELFAST

STATISTICAL SUMMARY 1953

Population of Northern Ireland as estimated by the Registrar-General at 30th June, 1953	..	..	..	..	..	..	1,384,100
Number of deaths from respiratory tuberculosis	..	..	..	..	..	..	257
Number of deaths from non-respiratory tuberculosis	..	..	..	..	..	..	59
Total number of deaths from tuberculosis (all forms)	..	..	..	..	..	..	316
Death rate from respiratory tuberculosis per 100,000 of the population	..	..	..	..	..	..	18 19
Death rate from non-respiratory tuberculosis per 100,000 of the population	..	..	..	..	..	..	4
Number of new cases of respiratory tuberculosis notified	..	..	..	..	..	..	1,436
Number of new cases of non-respiratory tuberculosis notified	..	..	..	..	..	..	225
Total number of new cases notified	..	..	..	..	..	..	1,661
Morbidity rate per 100,000 of the population from tuberculosis (all forms)	..	..	..	..	..	..	120
Number of known cases of tuberculosis at 31st December, 1953	..	..	..	..	..	..	15,077
Total number of hospital beds	..	..	..	..	..	..	1,623
Total number of clinic attendances	..	..	..	..	..	..	60,765
Number of X-ray examinations carried out by Mass Radiography Service (Static Unit)	..	..	..	..	..	..	33,477
Number of X-ray examinations carried out by Mass Radiography Service (Mobile Unit)	..	..	..	..	..	..	33,600
Number of persons vaccinated with BCG	..	..	..	..	..	..	9,945

Table of Contents

SECTION A

	PAGE		PAGE
Constitution	ix	Visiting Dental Surgeons..	xi
Duties	ix	Hospital Matrons ..	xii
Formation	ix	Area Chief Executive Officers ..	xii
Medical Staff ..	x	Headquarters Administrative Staff ..	xii
Visiting Consultant Staff ..	xi		

SECTION B

REPORT OF THE AUTHORITY

	PAGE		PAGE
Accounts	21	Hospital Treatment ..	13
Acknowledgments ..	23	Hospital Waiting List ..	12
BCG Vaccination Service ..	7	Hospital Welfare Services ..	8
Chaplains	23	Laboratory Service ..	4
Clinic Attendances ..	11	Mass Radiography Service ..	4
Clinic Services ..	3	Meetings of Authority ..	1
Contacts, Medical Examination of ..	11	Membership, Alteration in ..	1
Deaths from Tuberculosis ..	10	National Assistance ..	18
Diversional Therapy ..	18	Notifications	10
Education and Propaganda ..	20	Obituary	1
Headquarters Premises ..	4	Rehabilitation ..	19
Health Visiting ..	19	Staff	22
Home Nursing ..	18	Welfare Services, Domiciliary ..	14
Hospital Accommodation, Provision of	1		

SECTION C

	PAGE
GRAPH I. Mortality from all forms of Tuberculosis, 1906-1953, British Isles ..	24
GRAPH II Average tuberculosis death rate per 100,000 of the population, Northern Ireland, 1952 and 1953	25
GRAPH III. Average tuberculosis notification rate per 1,000 of the population, Northern Ireland, 1952 and 1953	26

SECTION D

STATISTICAL TABLES

	PAGE
Definitions of terms used in the Statistical Tables	27
TABLE I. Summary of Tuberculosis Register for the year ended 31st December, 1953..	29
TABLE II. Analysis of cases of respiratory tuberculosis on register at 1st January, 1953, additions to and removals from register during the year and the number receiving treatment at 31st December, 1953.. .. .	31
TABLE III. Analysis of cases of non-respiratory tuberculosis on register at 1st January, 1953, additions to and removals from register during the year and number receiving treatment at 31st December, 1953.. .. .	32
TABLE IV. Comparative analysis of number of patients on Tuberculosis Register at 31st December each year for the years 1949 to 1953	34
TABLE V. Number of cases of tuberculosis notified during the year 1953 analysed by sex and age groups	34
TABLE VI. Average tuberculosis notification rate per 1,000 of the population for the years 1952 and 1953	35
TABLE VII. Number of cases of tuberculosis notified during the year 1953 analysed by areas, classification and sex with corresponding rates per 1,000 of the population	36
TABLE VIII. Number of cases of tuberculosis notified in the County Borough of Belfast during the year 1953 analysed by wards, classification and sex with corresponding rates per 1,000 of the population	37
TABLE IX. Number of new persons examined at Chest Clinics during the year 1953 analysed by area, classification and sex	38
TABLE X. Analysis of new contacts examined during the year 1953 with comparative figures for the years 1949-1952	40
TABLE XI. Summary of position after a period of six months in regard to the examination of contacts of new cases notified from January to September in the years 1952 and 1953	41
TABLE XII. Number of X-ray examinations carried out at Chest Clinics during the year 1953 analysed by areas	42
TABLE XIII. Comparative analysis of the number of X-ray examinations carried out at Chest Clinics during the years 1949 to 1953	42
TABLE XIV. A.P. and P.P. treatment carried out at Chest Clinics during the year 1953 analysed by areas	43
TABLE XV. Comparative analysis of the number of patients receiving A.P. or P.P. treatment at Chest Clinics at the end of each year for the years 1951 to 1953 ..	43
TABLE XVI (a). Number of visits made by Health Visitors during the year 1953 analysed by areas with corresponding figures for the year 1952	44
TABLE XVI (b). Percentage analysis of visits made by Health Visitors during the year 1953 with corresponding figures for the year 1952	45
TABLE XVII. Comparative analysis of the number of visits made by Health Visitors during the years 1949-1953	46
TABLE XVIII. Comparative analysis of the number of patients supplied with Home Helps during the years 1949-1953	46
TABLE XIX. Comparative analysis of the number of Home Helps in employment at 31st December each year for the years 1949-1953	46
TABLE XX. Analysis of Home Helps supplied during 1953 according to category of patient	47
TABLE XXI. Analysis of the number of Home Helps terminated during 1953 showing the average length of stay	47

	PAGE
TABLE XXII. Number of patients in receipt of free milk analysed by areas	48
TABLE XXIII. Comparative analysis of the number of patients in receipt of free milk at 31st December each year for the years 1949-1953	48
TABLE XXIV. Number of patients in receipt of bed and bedding at 31st December, 1953, analysed by areas	49
TABLE XXV. Analysis of issues made under the bed and bedding scheme during the year 1953	49
TABLE XXVI. Comparative analysis of the number of patients in receipt of bed and bedding at 31st December each year for the years 1949-1953	50
TABLE XXVII. Number of patients in receipt of chalets at 31st December, 1953, analysed by areas	50
TABLE XXVIII. Comparative analysis of the number of patients in receipt of chalets at 31st December each year for the years 1949-1953	50
TABLE XXIX. Analysis of the number of patients in hospital at 1st January, 1953, the number of admissions, discharges and deaths during the year and the number of patients in hospital at 31st December, 1953	51
TABLE XXX. Analysis of the immediate results of treatment of all suspected and definitely tuberculous patients treated to a conclusion during the year 1953 in Armagh Chest Hospital, Belfast City Hospital, Crawfordsburn Hospital, Dungannon Chest Hospital, Downpatrick Chest Hospital, Forster Green Hospital, Killadeas Hospital, Londonderry Chest Hospital, Musgrave Park Hospital (Respiratory Section) The Orthopaedic Hospital, Greenisland, and Whiteabbey Hospital ..	52
TABLE XXXI. Analysis of the average length of stay of patients discharged from hospital during the year 1953	54
TABLE XXXII. Analysis of X-ray examinations carried out on patients in hospital during the year 1953	55
TABLE XXXIII. Summary of surgical treatment carried out on patients in hospital during the year 1953	56
TABLE XXXIV. Composite waiting list for year 1953	57
TABLE XXXV. Comparative analysis of the number of patients on waiting list at 31st December each year for the years 1949-1953	57
TABLE XXXVI. Analysis of reasons for refusing hospital treatment for the years 1951-1953 with corresponding percentages	58
TABLE XXXVII. Analysis of patients removed from waiting list for reasons other than refusal during the years 1951-1953 with corresponding percentages	58
TABLE XXXVIII. Age and sex distribution of persons vaccinated with BCG, persons not vaccinated and positive reactors during the year 1953	59
TABLE XXXIX. Total number of persons X-rayed by Mass Radiography (Static Unit) during the 1953 analysed according to results of examination (percentage in italics)	60
TABLE XL. Total number of persons X-rayed by Mass Radiography (Mobile Unit) during the year 1953 analysed according to results of examination (percentage in italics)	63
TABLE XLI. Details of laboratory work carried out during the year 1953	66
TABLE XLII. Analysis of deaths from tuberculosis during the year 1953	68
Map of Northern Ireland showing the administrative areas, Clinics and Hospitals ..	69

PHOTOGRAPHS

	PAGE
Section of the Multigraph Department	5
Artist's impression of proposed 500 bed hospital to be erected at Brookhill ..	6
Section of Kitchen, the Orthopaedic Hospital, Greenisland	15
New Infants' Ward, Crawfordsburn Hospital	16

SECTION A

Northern Ireland Tuberculosis Authority

Formation

The Authority was established by the Public Health (Tuberculosis) Act (Northern Ireland), 1946, as a public authority with perpetual succession and a common seal. It was set up for the purpose of securing, in co-operation with sanitary and other local authorities, the prevention and more effective treatment of tuberculosis and kindred diseases.

Constitution

The Authority is constituted of seventeen nominated and two co-opted members. Of the former, four are nominated by the Minister of Health and Local Government, and thirteen by the several County and County Borough Councils on the following basis:—

County Borough of Belfast	..	..	4 members
County Borough of Londonderry	..	..	1 member
Counties of Antrim and Down	..	..	2 members each
Counties of Armagh, Fermanagh, Londonderry and Tyrone	..	..	1 member each

Duties

Section 2 of the Public Health (Tuberculosis) Act (Northern Ireland), 1946, enacts that it shall be the duty of the Authority to make provision for:—

- (a) The accommodation and treatment of persons suffering from tuberculosis, including their general care, their care, and if necessary their maintenance during treatment, their care after treatment, and in co-operation with any government department or other body, their industrial rehabilitation;
- (b) The discovery of cases of tuberculosis.
- (c) The prevention of tuberculosis;
- (d) The giving of advice to and the education of the public and of sufferers from tuberculosis with respect to the best means of preventing and treating the disease;
- (e) The institution of courses of instruction with regard to tuberculosis for medical students, doctors, nurses and other persons engaged in employment relating to public health duties, or the co-operation with and encouragement of other bodies in the provision of such courses;
- (f) The performance of any function transferred to or vested in it under or by virtue of this Act; and
- (g) The performance of any incidental function necessary for the making of any such provision as aforesaid.

Medical Staff

No. 1 AREA (population 687,698)

(Comprising the Union Districts of Antrim, Belfast, Ballymena, Larne and Newtownards)

Sub-Division A

Consultant Chest Physician	..	D. W. Wallace, M.D., D.P.H.
Chest Physicians	..	Margaret E. Dunn, M.D., D.P.H.
		T. R. V. Irwin, M.B., D.P.H.
		F. M. J. McFerran, L.R.C.S.I., L.R.C.P.I., L.M. (part time)

Sub-Division B

Consultant Chest Physician	..	J. N. Whyte, M.D., D.P.H.
Chest Physicians	..	T. C. T. McFetridge, M.D.
		R. A. N. McMath, M.D., D.P.H.
Assistant Chest Physician	..	Frances M. Ramsay, M.B., D.P.H.

Sub-Division C

Consultant Chest Physician	..	B. R. Clarke, M.C., M.D.
Chest Physicians	..	C. F. Campbell, M.D., D.P.H.
		Audrey E. Lavelle, M.B.

Whiteabbey Hospital

Senior Medical Officer	..	P. Steen, M.D., D.P.H.
Junior Hospital Staff (excluding House Officers)	..	F. D. Honneyman, M.D.
	..	Anna C. Martin, M.B., D.P.H.

No. 2 Area (population 303,046)

(Comprising the Counties of Armagh and Down together with the Urban and Rural Districts of Lisburn, less the Union District of Newtownards, the Rural District of Castlereagh and the Urban District of Holywood)

Consultant Chest Physician	..	S. L. W. Erskine, M.D., D.P.H.
Chest Physicians	..	A. McQuiston, M.B., D.P.H.
		F. M. J. McFerran, L.R.C.S.I., L.R.C.P.I., L.M. (part time)
		R. F. Stronge, M.D.

Musgrave Park Hospital (Tuberculosis Section)

Senior Medical Officer	..	Agnes J. A. Maybin, M.D.
Senior Registrar	..	G. G. Dallas, M.D.
Junior Hospital Staff (excluding House Officers)	..	F. C. Coyne, M.B., D.P.H.
	..	M. J. Wauchob, M.B.

No. 3 Area (population 161,213)

(Comprising the Counties of Tyrone and Fermanagh, excluding the Union District of Strabane)

Consultant Chest Physician	..	E. F. James, M.D., M.R.C.P.I.
Chest Physician	..	W. T. Warmington, M.D.
Junior Hospital Staff (excluding House Officers)	..	W. A. Young, M.B.

No. 4 AREA (population 218,752)

(Comprising the County and County Borough of Londonderry together with the Union Districts of Ballycastle, Ballymoney and Strabane)

Consultant Chest Physician	..	J. H. Moffett, O.B.E., M.D., D.P.H.
Chest Physician	..	C. T. B. Adams, M.B., D.P.H.
Assistant Chest Physicians	..	E. W. Knox, M.B. D. G. Sloan, M.B.

MASS RADIOGRAPHY SERVICE

Medical Director	..	J. Ritchie, L.R.C.S.I., L.R.C.P.I., L.M.
Medical Director of Mobile Unit	..	A. D. M. Hamilton, M.B., D.P.H.
Chest Physician	..	N. J. Anderson, B.A., M.B.

PATHOLOGICAL SERVICE

Consultant Pathologist and Bacteriologist	..	Lilian V. Reilly, B.Sc., M.D., D.P.H.
---	----	---------------------------------------

THE ORTHOPAEDIC HOSPITAL, GREENISLAND

Orthopaedic Surgeon (part time)	..	H. P. Malcolm, M.C., M.B., M.Ch.
Junior Hospital Staff (excluding House Officers)	..	J. D. Morrow, M.B.

BCG VACCINATION SERVICE

Medical Director	..	H. G. Calwell, B.A., M.D., D.T.M. & H. (Eng.)
Assistant Chest Physician	..	Patricia Leitch, M.B.

VISITING CONSULTANT STAFF

Whiteabbey Hospital

Thoracic Surgeon	..	T. B. Smiley, M.C., F.R.C.S.
Ear, Nose and Throat Specialist	..	Kennedy Hunter, F.R.C.S.

Londonderry Chest Hospital

Ear, Nose and Throat Specialist	..	S. E. Bolton, M.B.
---------------------------------	----	--------------------

Crawfordsburn and Dungannon Chest Hospitals

Ear, Nose and Throat Specialist	..	H. Aitken, F.R.C.S.
---------------------------------	----	---------------------

VISITING DENTAL SURGEONS

Whiteabbey Hospital	..	M. T. Ferguson, L.D.S.
Londonderry Chest Hospital	..	A. G. B. Duncan, L.D.S.
Dungannon Chest Hospital	..	T. E. Alexander, L.D.S.
Crawfordsburn Hospital	..	M. Dixon, L.D.S.
The Orthopaedic Hospital	..	S. S. Barnett, L.D.S.

One of the most important features of the Authority's work in relation to bed provision during the year has been the completion of the scheme for the conversion of portion of the main hospital block at Whiteabbey Hospital to provide suitable facilities for the treatment of surgical cases.

Good progress was made in 1953 on the scheme for the alteration and improvement of Killadeas Hospital. The modification of the ward accommodation has now been completed and work is presently proceeding on the kitchen and staff quarters. It is anticipated that the work on the entire scheme, which is being carried out by the Hospital maintenance staff, will be completed by the autumn of 1954. The total number of beds now available at Killadeas Hospital is 42, which represents an increase of 12 on the figure for the previous year.

During the year, a number of improvements was completed at the various hospitals under the Authority's control, including, inter alia, the provision of a new roadway to the central kitchen at Whiteabbey Hospital and the conversion of the East Wing at Crawfordsburn Hospital for ward purposes.

The position in regard to other hospital development schemes may be summarised as follows:—

- (a) The contracts for the erection of a new theatre suite at Whiteabbey Hospital are about to be placed and it is hoped that the work under these contracts will commence at the beginning of 1954.
- (b) In order to overcome the legal difficulties connected with the transfer by the War Department of portion of Waringfield Hospital, the Authority sought approval from the Ministry of Health and Local Government to the outright purchase of the hutments and the owner's interests in the site. This approval was obtained and negotiations with the owner were successfully concluded. It was originally intended that the modification of the hutments for the reception of patients should be carried out by the War Department on an agency basis, but owing to other commitments the Department could not undertake this work. Accordingly the Authority appointed Messrs. Hobart & Heron as architects for the scheme, and they are now engaged in preparing the necessary plans and specifications for the carrying out of the work.
- (c) The contract works in respect of the provision of a minor operating theatre unit and improved waiting room facilities at Dungannon Chest Hospital are proceeding and are expected to be completed shortly.
- (d) The work involved in the provision of a fire escape tower and fire protection barriers at Crawfordsburn Hospital to comply with the requirements of the Northern Ireland Fire Authority has proceeded smoothly, and is expected to be completed in the spring of 1954.
- (e) The contracts for the enlargement of Londonderry Chest Hospital to a 200 bed unit have not yet been definitely placed, but it is hoped the work on this scheme will begin in the early months of 1954.

The question of providing an efficient heating system at this hospital was considered during the year and Messrs. E. Griffiths & Son (Consulting Engineers) were appointed to undertake a survey of and to report on the existing engineering services. The report submitted by the Consulting Engineers was adopted by the Authority and the approval of the Ministry of Health and Local Government is awaited to the proposed installation of a centralised heating system at the hospital.

- (f) The provision of a physiotherapy department and other ancillary accommodation at the Orthopaedic Hospital, Greenisland, was approved in principle and Messrs. Samuel Stevenson & Sons (Architects) appointed to prepare the plans of these extensions.

- (g) As present trends in the treatment of tuberculosis place greater emphasis on hospital as opposed to sanatorium treatment, the Authority has decided that the new hospital which it is proposed to erect at Brookhill, Co. Antrim, should be of a multi-storey design. Accordingly revised lay-out plans for this building scheme were prepared and forwarded to the Ministry of Health and Local Government for approval.

At the 31st December, 1953, the number of beds for the treatment of all forms of tuberculosis stood at ~~1,632~~ 1,623, which is substantially the same as at the corresponding date last year. 1623

The allocation of beds is as follows:—

Name of Hospital	Respiratory		Non-Respiratory		Total
	Adults	Children	Adults	Children	
Armagh Chest Hospital ..	40	—	—	—	40
Crawfordsburn Hospital ..	—	86	—	—	86
Downpatrick Chest Hospital	47	—	—	—	47
Dungannon Chest Hospital..	95	—	—	—	95
Killadeas Hospital	42	—	—	—	42
Londonderry Chest Hospital	171	—	—	—	171
Orthopaedic Hospital ..	—	—	40	80	120
Whiteabbey Hospital ..	310	20	5	7	342
Total beds in N.I.T.A. Hospitals	705	106	45	87	943
Forster Green Hospital ..	207	—	—	—	207
Musgrave Park Hospital ..	337	—	19	15	371
Belfast City Hospital ..	54	—	5	17	76
Other General Hospitals ..	16	3	3	4	26
Total beds in N.I.H.A. Hospitals	614	3	27	36	680
TOTAL OVERALL ..	1,319	109	72	123	1,623

CLINIC SERVICES

In the development of the Clinic Service it has been the policy of the Authority, where possible, to locate clinics at tuberculosis or general hospitals so that the advantages accruing from close liaison between clinic and hospital can be secured.

During the year a clinic was established at the Roe Valley Hospital to meet the requirements of patients residing in the Limavady area. This brought the total number of clinics in the Province to 28, of which 22 are attached to hospitals, the remainder being in premises specially set aside for the purpose. The existing clinic arrangements in the Lurgan and Portadown areas were also reviewed and steps are about to be taken to increase the number of weekly sessions at each of these centres.

The work in connection with the extension of the Central Chest Clinic, Durham Street, Belfast, which commenced in the month of September is progressing satisfactorily. If the present rate of building can be maintained, the extended premises should be ready for full occupation in the spring of 1955.

Attendances at chest clinics during the year 1953 are detailed in a later section of this report.

HEADQUARTERS PREMISES

In May, operations were commenced on the first phase of the scheme for the development of the Authority's headquarters premises at 27 Adelaide Street, Belfast, i.e., the installation of a lift, heating and lighting services and additional sanitary facilities. The work has not proceeded as quickly as anticipated and it will be the early summer of 1954 before the several contracts are completed.

A temporary Board Room has been provided in the headquarters premises and the first Meeting of the Authority was held there in April, 1953. Prior to this date the Meetings of the Authority and its Standing Committees were held in the City Hall, Belfast. The Authority wishes to place on record its appreciation and thanks to the Lord Mayor and Members of the Belfast Corporation for the facilities so kindly placed at its disposal over the past seven years.

MASS RADIOGRAPHY SERVICE

The second Mobile Mass Radiography Unit which was ordered from the Ministry of Works, London, in July, 1951, was delivered during the year and will be brought into use at the beginning of 1954.

As a result of this addition to the Service, it should be possible to bring Mass Radiography within the reach of the smaller and more remote urban areas for the first time and to provide mass radiographic facilities on a reasonable basis throughout the Province.

The number of mass X-ray examinations carried out in the year under review was 67,077, and with the additional unit in operation, it is expected that the annual number of examinations will reach the 100,000 mark.

The special facilities provided at the Mass Radiography Centre in Belfast for the examination of persons referred by General Practitioners were fully availed of during the year 1953. The number of persons examined was 8,065 of whom 352 were found to be tuberculous. The number of persons diagnosed as suffering from active post primary disease was 166, which is equivalent to 2.07% of the persons examined, as compared with a rate of 0.80% for the Mass Radiography Service as a whole.

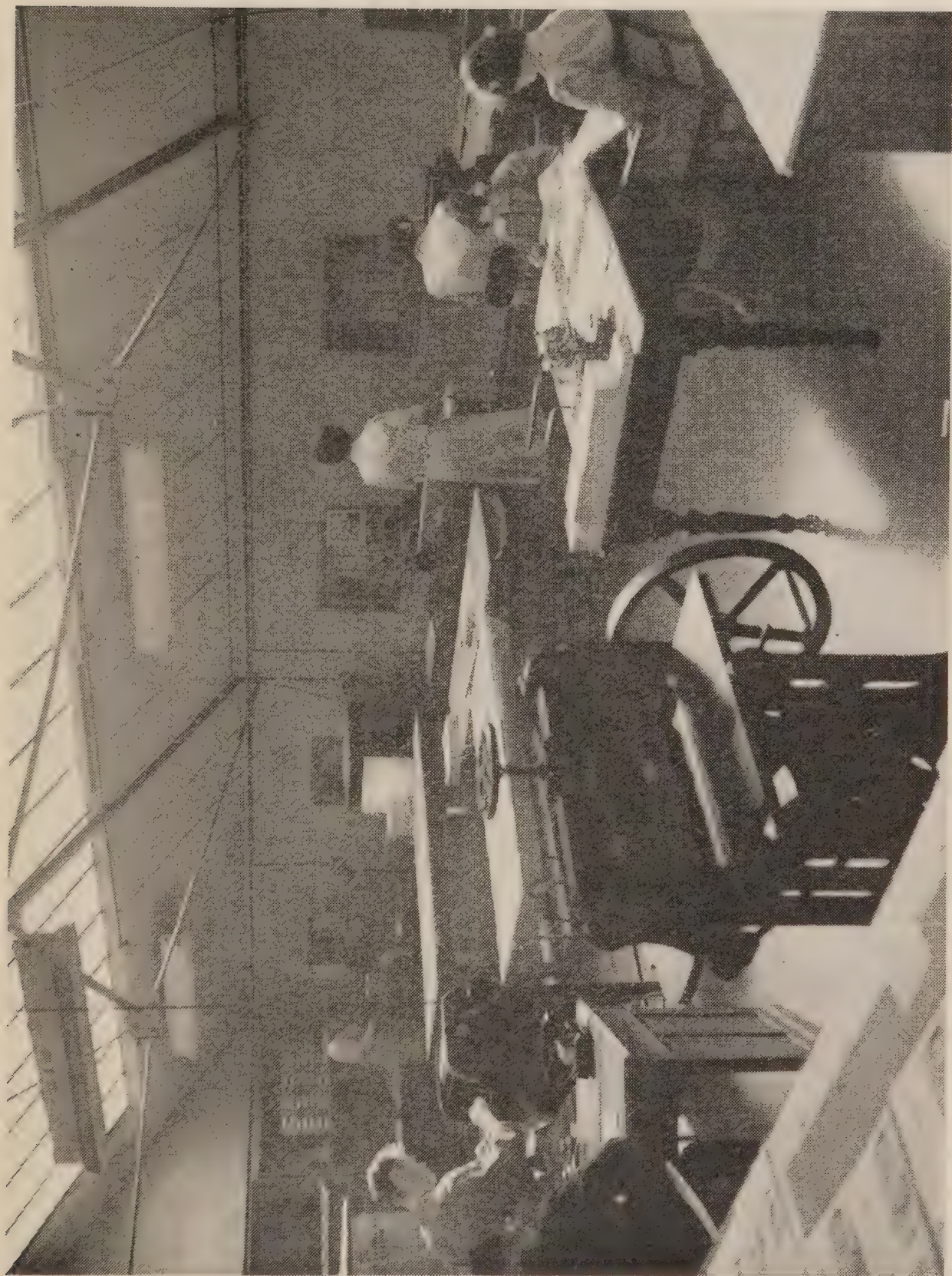
A detailed analysis of the work carried out by the Mass Radiography Service during 1953 is given in tables XXXIX and XL.

LABORATORY SERVICE

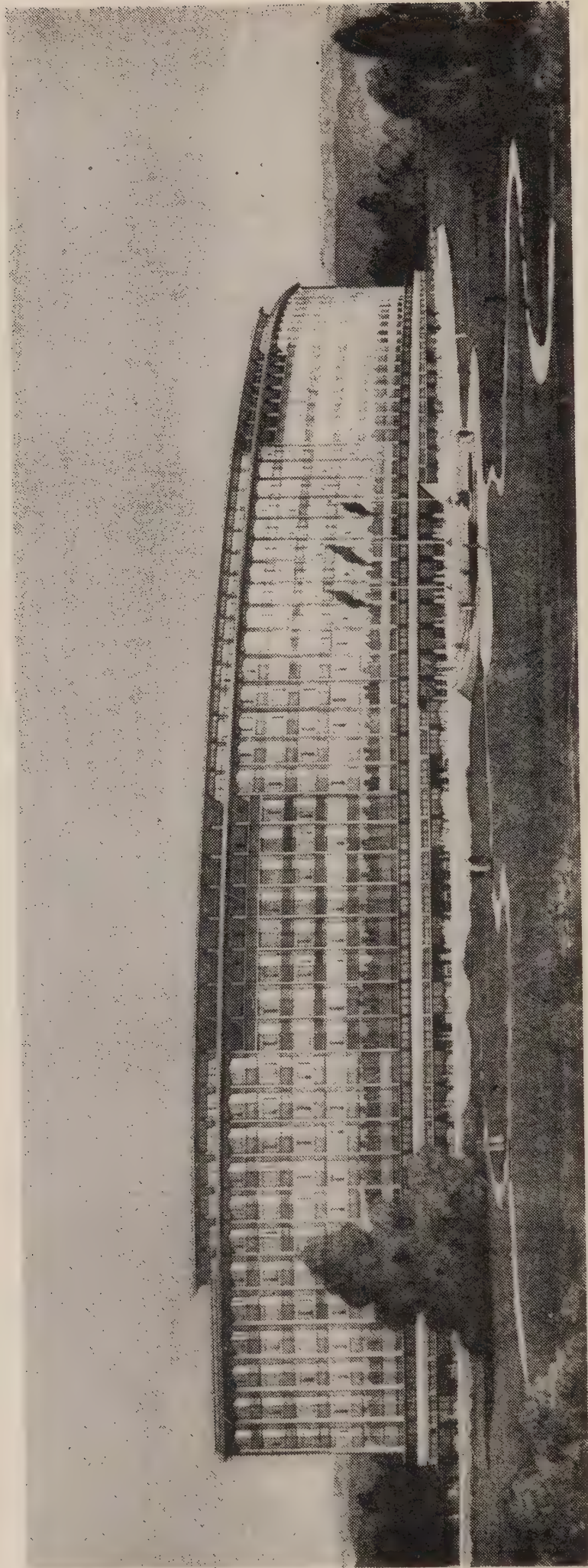
The number of tests carried out at the Central Laboratory, Whiteabbey, and at the laboratories attached to Dungannon Chest Hospital and Londonderry Chest Hospital was 61,526, which represents a slight reduction on the previous year's figures.

The wider application of chemo-therapy, and the more extensive use of surgery in the treatment of tuberculosis has, over the past few years, added to the complexity of the tests required to be carried out at the various laboratories. In her report for the year 1953 Dr. L. V. Reilly, Bacteriologist at the Central Laboratory, Whiteabbey, comments as follows:—

“The changes that have occurred in the treatment of tuberculosis during the last few years are reflected in the ^{work of the} laboratory. The marked rise in surgical treatment has meant considerable demands for blood transfusion, and the growing complexity of the tests to ensure the safety of transfusion has greatly increased the work of the laboratory staff. The number of tests for sensitivity to the anti-tuberculosis substances has also increased, making heavy demands on existing space and equipment.



Section of the Multiograph Department



Artist's impression of proposed 500 bed hospital to be erected at Brookhill

“An investigation has been carried out on the occurrence of resistant strains of *Myco. tuberculosis*, and the importance of continuing two forms of specific therapy has been fully demonstrated. An investigation for the detection of *Myco. tuberculosis* in the endometrium in cases of infertility has begun.

“A number of informal meetings with clinical staff has been held during the year for the examination of resected lung specimens, and the correlation of clinical, radiological and morbid-anatomical findings.”

A detailed statement of the investigations undertaken at each of the laboratories mentioned above is given in table XLI.

BCG VACCINATION SERVICE

With the participation of Local Health Authorities in the scheme, the work of the BCG Vaccination Service expanded consistently throughout the year. The largest single contribution to the total number of school leavers vaccinated came from Belfast, where the systematic vaccination of children of this group by medical officers in the School Medical Service was begun in July. The total number of persons in Northern Ireland who had pre-vaccinal tuberculin tests was 15,094 and 9,945 were vaccinated, as compared with 6,494 in the preceding year.

The main work of the Authority's BCG clinic in Belfast continues to be the vaccination of contacts referred by chest physicians and the follow-up of those vaccinated since 1949. Annual post-vaccinal tuberculin tests are done, the state of health is inquired into and X-ray examination is made if considered advisable. Most of the vaccination in No. 1 and No. 2 Areas is done in Belfast, but vaccination is occasionally done by physicians in clinics elsewhere in both Areas. In No. 3 Area vaccinations are done at Enniskillen. In No. 4 Area there is now a full time vaccinator, Dr. P. M. Leitch having been posted to Derry in August. During the remainder of the year she organised and conducted vaccination clinics for contacts in various centres, and vaccinated nurses in hospitals and infants in maternity hospitals. A certain amount of vaccination had been done in this Area in previous years by the chest physicians, and this work had laid a good foundation on which to base the development which is now taking place.

A beginning has been made in Belfast of extending the vaccination programme to include young factory workers. A factory was chosen where the management was particularly interested in the control of tuberculosis and a good welfare department existed. Vaccination was offered at first to all workers up to the age of 18 and later to all up to the age of 25. There was an excellent response; tuberculin testing and vaccination were done without undue interruption of the work of the factory, and no worker complained afterwards that she or he had been in any way upset by the vaccination. The welfare supervisor confirmed that there had been no loss of time due to morbidity following vaccination. On the second occasion the factory was visited along with the mobile mass radiography unit, and both services functioned simultaneously. This is a pattern that could be followed with advantage to all concerned. With an increase in the medical staff of the BCG Department an attempt will be made to develop the work in factories.

The valuable work of the BCG Department of the Royal Belfast Hospital for Sick Children continues to contribute largely to the fulfilment of the BCG programme, and if it were not for the work done by Dr. H. M. Purser in the Royal Belfast Maternity and Malone Place Hospitals, the total number of newborn infants vaccinated with BCG in Northern Ireland would be very small. Only contact infants are vaccinated at present in the Jubilee Hospital and Gardner Robb House, Belfast.

The following is a summary of the agencies carrying out BCG vaccination and the numbers vaccinated during the year:—

<i>Local Health Authorities</i>	<i>No. of Vaccinations</i>
Antrim County Health Committee ..	25
Belfast School Medical Services ..	1,599
Armagh County Health Committee ..	82
Fermanagh County Health Committee ..	95
Northern Ireland Hospitals Authority:—	
Malone Place Hospital ..	392
Northern Ireland Fever Hospital ..	38
Royal Belfast Hospital for Sick Children ..	2,390
Royal Belfast Maternity Hospital ..	1,951
Northern Ireland Tuberculosis Authority:—	
No. 1 Area	50
No. 2 Area	68
No. 3 Area	267
No. 4 Area	287
BCG Department, Belfast ..	2,276
The Queen's University of Belfast:—	
Student Health Service ..	425
	<hr/> 9,945

HOSPITAL WELFARE SERVICES

Patients in all hospitals controlled by the Authority continue to be well catered for in the nature and variety of the entertainments provided. The Authority regards the services provided under this heading as an important and necessary supplement to the medical care and treatment which the patient receives. The average length of stay in hospital is in the region of eight months and the relief from boredom with consequent contentment of mind must be the continued aim of the hospitals' staff.

To this end the Diversional Therapy Scheme referred to elsewhere in this Report makes an important contribution. But, in addition to this, there is a well-planned series of concerts, radio broadcasts, film shows, etc., arranged in each hospital. From the reports received from the Chief Executive Officers it is evident that the staffs concerned devote quite a considerable portion of their leisure time to the organisation of these functions. To all who have contributed in this way to the success of the programmes the Authority records its grateful acknowledgment and thanks.

The basic feature of the entertainments programme was the provision of two film shows monthly for adults at each hospital. For children's entertainment at the Orthopaedic Hospital and at Crawfordsburn Hospital suitable films were screened once monthly. All these programmes were provided at the expense of the Authority.

The Authority gratefully acknowledges the help and co-operation so willingly given by many voluntary organisations and societies in the provision of variety concerts and other forms of live entertainment. The presentation to Whiteabbey Hospital of a Television Set by the Not Forgotten Association has proved invaluable, as has also a similar gift to Crawfordsburn Hospital made by Mr. L. Black of Gilpins, Ltd., through the National Association for the Prevention of Tuberculosis.

Numerous gifts of money and in kind continue to be received at all hospitals and are very gratefully acknowledged. To the staff of the Ulster Transport

Authority special thanks are accorded for very generous donations from their Benevolent Funds to the several hospitals at Christmas.

The St. John and Red Cross Hospital Library Service continues to be very capably administered under the direction of the Ulster Organiser, Mrs. A. W. Dobbin, M.B.E. A large band of voluntary workers assists in the running of the scheme by attending the hospitals weekly to change the books in circulation. The high standard of the service to the patients has been well maintained and the addition of new and current literature and novels is a progressive feature of the scheme. The number of books circulated in the several hospitals during the years 1952 and 1953 was as under.

Hospital	1952	1953
Armagh Chest Hospital	2,816	2,449
Crawfordsburn Hospital	3,064	1,665
Downpatrick Chest Hospital	2,472	2,102
Dungannon Chest Hospital	2,567	1,905
Forster Green Hospital	10,116	9,795
Greenisland Hospital	5,126	6,130
Killadeas Hospital	976	1,619
Musgrave Park Hospital	26,580	27,477
Whiteabbey Hospital	15,517	16,577
	69,234	69,719

The operation of a Patients' Shop at each hospital has now become a regular part of the hospital administration. A wide range of commodities is stocked for the convenience of patients and a steady profit is recorded. Profits from the shops are used for welfare purposes, and, in fact, those accruing in Dungannon Chest Hospital were devoted to the purchase of a television set.

Facilities such as billiards, clock golf, croquet and putting are provided for the self-entertainment of patients, while medical, nursing and administrative staffs are catered for by the provision of facilities for tennis, badminton, etc.

In the children's hospitals at Crawfordsburn and Greenisland many of the children are enrolled in youth organisations which meet regularly at each hospital.

Special schools under the direction of the Ministry of Education are held at Crawfordsburn and Greenisland Hospitals and in the early months of the year the Ministry approved the establishment of a similar school at Whiteabbey Hospital. It is expected that the appointment of the necessary staff for this latter school will be made in the near future, thus bringing it into operation early in 1954.

The instruction given in these schools is presented in a manner admirably adapted to the surroundings and the special circumstances prevailing. During the year a "grammar school" section for senior boys and girls was added to the activities of the school in the Orthopaedic Hospital. From the point of view of occupation, quite apart from the essential and very valuable educational aspect, this addition to the curriculum was of immeasurable value to the children concerned.

Divine Services were held weekly in all hospitals for the various religious denominations. Special services were also arranged at Easter and at Christmas.

The Authority recognises that facilities for the regular visits of relatives when patients are in hospital is essential if such patients are to remain contented and thus derive maximum benefit from their treatment. Regular visitation can

be very expensive and a heavy drain on the financial resources of the home, particularly when the breadwinner is the patient. For this reason the Authority issues travel vouchers to enable two near relatives of patients to visit once monthly where the return journey to the hospital exceeds 2/6d. During the year 2,560 relatives of 1,364 patients received vouchers under the scheme and the total number of vouchers issued was 21,800 compared with 19,972 in the previous year.

The services of the almoners attached to Whiteabbey, Londonderry and Musgrave Park Hospitals continue to be very valuable. Many domestic and social problems are solved by them and much advice given.

NOTIFICATIONS

During the year 1,424 respiratory and 220 non-respiratory cases were notified or intimated, making a total of 1,644. Of this number 8 respiratory and 2 non-respiratory were found to be either not suffering from the disease, or to have been previously notified, thereby reducing the number of new cases to notified 1,634 (1,416 respiratory and 218 non-respiratory).

In addition, posthumous notifications were received during the early weeks of 1954 in respect of 20 respiratory and 7 non-respiratory cases who had died in 1953, which brought the total of new cases diagnosed during the year to 1,661 (1,436 respiratory and 225 non-respiratory). (See table V).

DEATHS

According to the Registrar-General for Northern Ireland, 257 deaths from respiratory and 59 from non-respiratory tuberculosis occurred during the year 1953. This represents a death rate of 23 per 100,000 of the population and is about one-seventh of the rate recorded in 1922.

The relative improvement that has taken place in Northern Ireland as compared with other parts of the British Isles is shown by the following table:—

Area	Tuberculosis Death Rate per 100,000			
	Year 1922	Average 1929–1931	Average 1939–1941	Prov. Average 1951–1953
England and Wales ..	112	87	73	24
Scotland ..	119	87	85	34
Northern Ireland ..	166	123	104	33
Republic of Ireland ..	153	138	124	56

NOTE: With the exception of Northern Ireland the deaths from tuberculosis for 1953 are based on provisional figures.

The foregoing data reveals that the provisional average death rates for the period 1951–1953 expressed as a percentage of the 1922 figures are as follows:—

Northern Ireland ..	19.88
England and Wales ..	21.43
Scotland ..	28.57
Republic of Ireland ..	36.60

The number of persons certified as having died of tuberculosis and who were not on the Authority's tuberculosis register increased from 24 in 1952 to 45 in 1953. An enquiry carried out by the Authority revealed that the unnotified deaths, broadly speaking, fell into two categories:—

- (a) Children suffering from miliary and meningeal forms of the disease whose deaths occurred in hospital before formal notification could be made.
- (b) Cases in the 45 plus age groups, the majority of whom died in their own homes.

The Authority recognises that the success of its preventive programme depends upon the early notification of all cases of tuberculosis, and every effort is, therefore, being made to impress upon Medical Practitioners the obligation imposed on them by Section 13 of the Public Health (Tuberculosis) Act (Northern Ireland), 1946.

CLINIC ATTENDANCES

The summary of the work done during the year (contained in tables IX to XVII) discloses that 60,765 attendances at chest clinics were recorded. This total compares with 60,108 in 1952 and 55,276 in 1951, and is the highest total yet recorded. A rise in the number of attendances for collapse therapy is also recorded. The total for the year was 16,847 (7,829 artificial pneumothorax refills and 9,018 artificial pneumoperitoneum refills) compared with 14,733 in the previous year.

The number of persons examined for the first time (excluding contacts) was 10,561 compared with 10,826 in 1952 and 12,336 in 1951. The continued decline in the number of new patients examined is undoubtedly due to the arrangement made by the Authority in 1952 whereby General Practitioners of Belfast and adjoining areas were encouraged to refer "symptomless" cases to the Mass Radiography Centre, Albertbridge Road, for initial examination. Under this scheme 8,065 persons were examined for the first time during 1953 and part at least of this total represents persons who, in the absence of such a scheme, would normally have been sent to a chest clinic.

Radiological examinations again show an upward trend. The total recorded was 57,786 compared with 55,873 in the previous year and in addition there were 4,061 screenings. A 5" x 4" camera attachment was provided for each of the X-ray units in the Central Chest Clinic and in Londonderry Chest Hospital during the period under review. These modifications to the X-ray facilities have been introduced with the object of accelerating the flow of patients through the clinics concerned and of effecting a reduction in the overall expenditure on X-ray films.

The importance of early X-ray examination is emphasised by the fact that 2,688 new persons examined were placed on observation (table IX). Many of these cases are affected by tuberculosis in a slight form, but because it has been detected at an early stage and suitable treatment prescribed, the vast majority of them recover normal health without showing any definite signs of active disease.

Patients and contacts are encouraged in their regular attendances at chest clinics by reason of the fact that the Authority pays the travelling expenses involved. The British Red Cross Car Service is also used extensively in the clinic service, and is particularly useful in circumstances where, for example, a large family of young children is required to attend for contact examination.

MEDICAL EXAMINATION OF CONTACTS

The intensified programme of contact follow-up visitation by the Health Visiting Staff, which was inaugurated in 1952, was again carried out in 1953. The comparison in the figures for the first nine months of each of these years reveals that in 1953 increasing success was achieved by the Health Visitors. (table XI (a) and XI (b))

These tables record the results obtained six months after notification in regard to the examination of contacts of new cases notified in each year during the period January-September. The following summary is both interesting and encouraging.

	1952			1953		
	1,350			1,180		
	M	F	C	M	F	C
Total number of new cases followed up						
Total number of contacts ..	1,870	2,052	2,069	1,498	1,729	1,859
Number of contacts examined after six months	1,255	1,466	1,832	1,073	1,304	1,738
Percentage of contacts examined after six months ..	67.1	71.4	88.5	71.6	75.4	93.5
Overall percentage examined after six months	76.0			80.9		
Average number of contacts per case	4.4			4.3		

The table shows that 971 contacts refused examination in spite of repeated visits of health visitors. The following reasons were advanced for non-attendance at the chest clinics:—

- 1 refused on religious grounds.
- 10 left district—whereabouts unknown.
- 39 unable to attend because of old age and infirmity.
- 13 unwilling to forfeit wages.
- 30 unable to attend because of illness.
- 4 died before examination could be arranged.
- 874 refused—no reason given.

It will be noted from this analysis that the majority of the unexamined contacts had no valid reason for non-attendance. Whilst the improvement in the figures for the year under review is most gratifying and is evidence of high endeavour by the staff concerned, the Authority feels that still more can be done to bring about a further reduction in the number of refusals. The position continues to be reviewed at monthly intervals and every possible avenue is explored in an effort to impress upon relatives of proven cases the importance of contact examination.

The figures for the full year show that a total of 5,921 contacts were examined and of this total 161 were diagnosed tuberculous. For the adult age groups the number diagnosed tuberculous was 127 or 4.1 per cent of the total number of adult contacts examined (table IX). There still remains little doubt that a high proportion of undiagnosed cases in the community is to be found amongst contacts.

HOSPITAL WAITING LIST

A further drop in the numbers of patients awaiting hospital treatment is noted in the waiting list figures as at 31st December, 1953. At that date 183 patients were on the waiting list as compared with 225 in 1952 and 374 in 1951 (table XXXIV).

The factors which have combined to effect this continued reduction in the demand for hospital beds are (a) improved facilities for early diagnosis and

treatment, (b) the use of the modern drugs for domiciliary patients, and (c) the provision of additional hospital beds.

The number of additions to the waiting list was 1,546 compared with 1,580 in 1952 and 1,624 in 1951, while the total number of patients on the waiting list who were admitted to hospital was 1,314 compared with 1,341 in 1952 and 1,491 in 1951.

As a result of the shorter waiting period fewer deaths occurred among patients who were awaiting admission to hospital. The figure for 1953 was 14 compared with 22 in 1952 and 44 in 1951.

The table reveals that in addition to the 14 patients who died there were 260 other patients on the waiting list who failed to enter hospital. Of this number 140 were removed from the waiting list mainly because the medical condition of these patients had improved to such an extent that hospital treatment was no longer considered necessary. The remainder, i.e., 120 were patients who, for a variety of reasons, domestic and otherwise, refused to enter hospital when beds were offered to them. Until it is possible to admit patients to hospital immediately the need is manifest, there will undoubtedly remain a hard core of persons who, because of difficulties which arise during the waiting period, fail to accept the hospital treatment which their medical condition requires. Not only does such refusal react to the detriment of the patients concerned, but it also tends to create a "pool of infectivity" within the community which constitutes a fruitful source for the spread of the disease.

HOSPITAL TREATMENT

From table XXIX it will be noted that 2,221 patients were admitted to hospital during the year. This figure excludes temporary admissions and re-admissions for periods of less than 28 days. Of this total 1,314 were admitted from the waiting list, so that the balance of 907 cases were those patients who were admitted as emergency cases without being called upon to wait their normal turn for admission from the waiting list. A large proportion of these emergency admissions was to the military and meningeal unit in Whiteabbey Hospital, but the figure also includes many pulmonary cases admitted as emergencies by the chest physicians in the several areas. The flexibility of the waiting list within an area whereby it is possible for the chest physician to fill hospital beds on a selective basis has ensured that vacant beds are being filled by those patients most in need of hospital treatment when the vacancies arise.

Two thousand two hundred and two patients were discharged during the year. (table XXIX.) Of this number 541 remained under treatment for periods not exceeding three months, 503 remained for periods not exceeding six months, 720 received treatment for periods up to one year, while 438 patients remained in hospital for periods in excess of one year (table XXX.)

The average length of stay in hospital of respiratory cases treated to a conclusion during the year was 244.58 days, compared with 265.06 days in 1952. For non-respiratory cases the average length of stay worked out at 634.48 days, compared with 614.22 days in 1952 (table XXXI.)

In the report for the year 1952 reference was made to the fact that the use of chemo-therapy had given rise to an increase in the use of the various forms of major thoracic surgery, with the result that the waiting list for major surgery remained a lengthy one. During the year the provision of additional accommodation for surgical patients in Whiteabbey and Musgrave Park Hospitals made a timely contribution to the needs of this service, but in spite of this there were 203 patients awaiting major surgery and 18 awaiting minor surgery at 31st December, 1953. In this connection Dr. E. F. James, reporting on the work done in Dungannon Chest Hospital, states—

"It is inevitable in this era of scientific treatment of tuberculosis that names will be added to the surgical waiting list more rapidly than they can be removed. It must also be remembered that since the resources for surgical treatment are so limited, there is a tendency for chest physicians to recommend, for operation, only those patients whose youth makes it imperative for their health to be restored. There can be little doubt that we are merely touching the fringe of the exploitation of thoracic surgery in our work, and consequently too much provision for thoracic surgery cannot be made."

Whiteabbey Hospital continues to be the principal centre for the reception and treatment of miliary and meningeal cases, and the unit remained overcrowded during the year, although the number admitted fell slightly as compared with previous years. Dr. P. Steen, Senior Medical Officer, in his report for the year records in reference to the treatment of these cases—

"With the introduction of isonicotinic acid hydrazide in the treatment of tuberculous meningitis the necessity for intensive intrathecal medication has now disappeared. The results obtained in the treatment of tuberculous meningitis compare favourably with published figures and confirm that the most important prognostic factor is the stage of the disease on admission."

There was an increase during the year in the number of patients receiving physiotherapeutic treatment at the Whiteabbey and Orthopaedic Hospitals. The departments were kept fully employed on a seven day week basis throughout the year.

As has already been indicated, the medical treatment of the patients followed the lines of general treatment, chemo-therapy and surgery. Dr. J. H. Moffett, O.B.E., in his report of the work done in Londonderry Chest Hospital, comments—

"Isoniazid, streptomycin and PAS in various combinations were given at some stage to most patients. In the majority, however, this was combined with surgical treatment, either major or minor, as it is felt that chemo-therapy does not often produce a permanent cure when used alone."

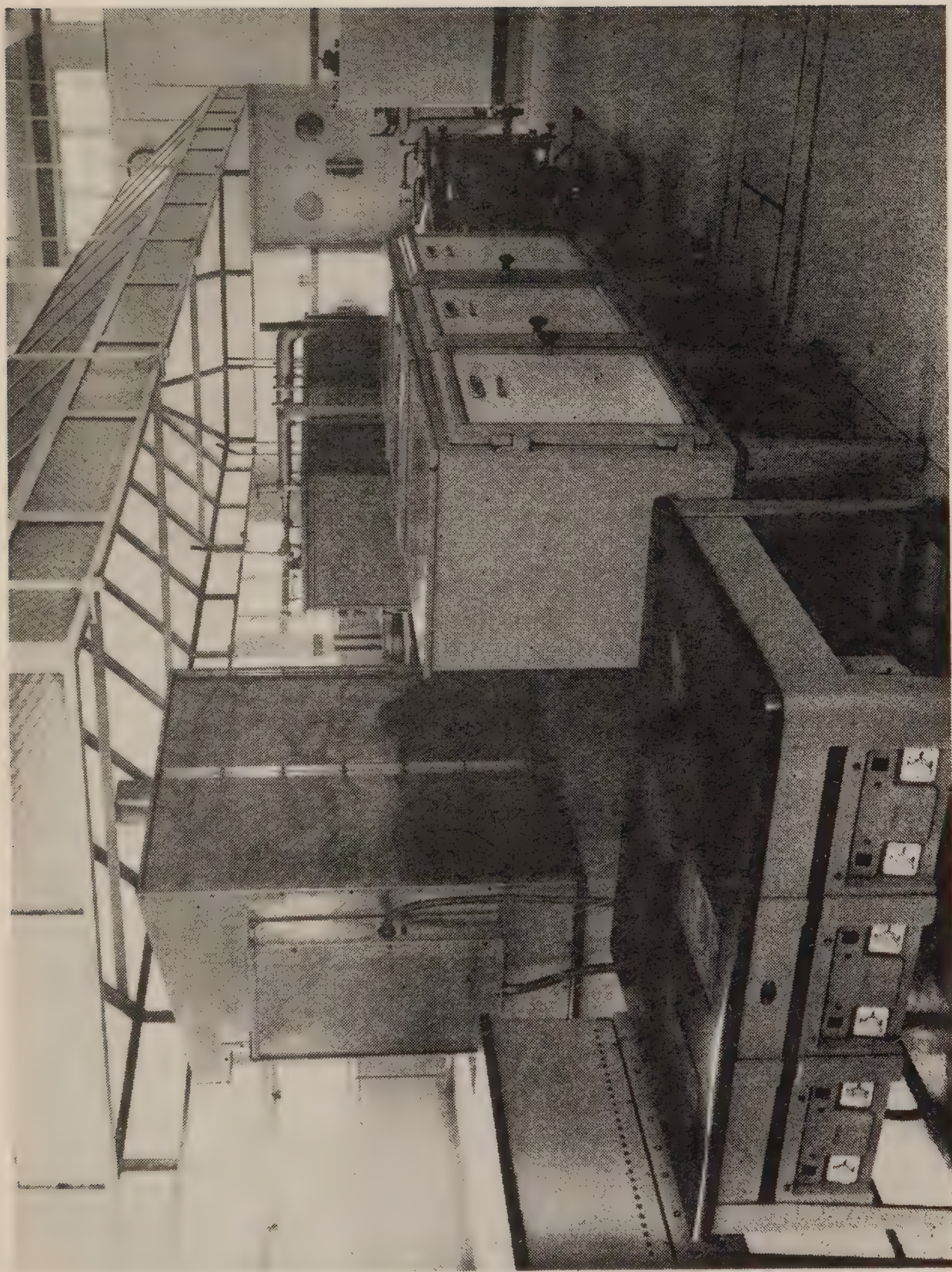
DOMICILIARY WELFARE SERVICES

The continued operation of the approved schemes for the supply of extra nourishment, the issue of beds, bedding and chalets and the employment of home helps has undoubtedly made an important contribution to the fight against the spread of the disease.

There has again been a marked decline in the quantities of malt, cod liver oil, virol and virolax issued from chest clinics, principally arising from the fact that adequate alternatives are now available on prescription through the pharmaceutical services.

The free issue of one pint of milk per day to patients who are regarded as in need, medically, of extra nourishment, continues to be much appreciated by the recipients. The scheme is strictly controlled and a periodic review is made of all cases authorised under the scheme. At the 31st December 1,390 patients were receiving free milk, compared with 1,993 in the previous year, while the average number of patients in receipt of milk at any one time was 1,454.

There is still a widespread demand for the provision of beds and bedding on a free loan basis. The number of patients assisted under this scheme at the end of the year was 1,023—almost the same as in the previous year when the



Section of Kitchen, The Orthopaedic Hospital, Greenisland



New infants' ward, Crawfordsburn Hospital

number was 1,024. The maximum scale of issue approved by the Authority is one bed, one mattress, one mattress cover, two pillows, (eight pillows for special orthopaedic cases) four pillow cases, four sheets, four blankets and one set of fracture boards (for orthopaedic cases). In practice it has been found that it is seldom necessary to make an issue up to the limit of the scale allowed. The normal issue is usually one bed, one mattress, one mattress cover, two sheets and four blankets. The items remain on loan to the patient until:—

- (a) the patient is admitted to hospital, or
- (b) the patient recovers, or
- (c) the patient dies, or
- (d) the patient ceases, for any reason, to accept supervision and treatment from the Authority.

Items which have been on issue are disinfected by the local sanitary authority before they are collected and returned to stock.

As an additional means of providing adequate segregation of infectious patients, the Authority continues to supply chalets (on a free loan basis) where there is sufficient ground adjoining patients' homes for their erection. The use of chalets is mainly confined to rural areas of the Province and has been found to be invaluable for patients in small farmsteads where the living accommodation consists of only one or two rooms. The total number of chalets in use at 31st December was 103 compared with 102 in the previous year.

The provision of home helps is proving to be a most important feature of the Authority's welfare arrangements for, without the assistance which the home help scheme affords, greater pressure would be placed on hospital beds, and the waiting period for hospital treatment would be lengthened and, generally speaking, the recovery of patients would be retarded.

The majority of home helps are provided by the several Health and Welfare Committees in the Province, who act as agents for the Authority. In certain areas where it has not been possible to make agency arrangements, the Authority operates a directly-controlled scheme. The Welfare Services Bill, which is at present before Parliament, seeks to transfer responsibility for the provision of all domestic help services to the Welfare Committees, and it is likely that as from 1st April, 1954, Health Committees will no longer be required to provide this service. The opportunity is taken, therefore, to record the thanks of the Authority to the Belfast and Londonderry County Borough Health Committees and the Down County Health Committee, who up to the present have co-operated with the Authority in the successful operation of the scheme. In doing so, the Authority would also express its appreciation of the helpful co-operation received from the Antrim and Fermanagh County Welfare Committees.

The home help service continued to expand during the year under review. At 31st December 143 home helps were in employment, compared with 113 in 1952 and 78 in 1951. Altogether 265 patients were supplied with home helps during the year, compared with 220 in the previous year. Of this total 53 patients were on the waiting list awaiting hospital treatment, 112 patients had just been discharged from hospital, while the remaining 100 patients were those for whom hospital treatment was not essential.

For the 133 cases terminated during the year the aggregate number of weeks worked by the home helps was 4,266, which represents an average length of stay of 32 weeks (8 months) per case.

NATIONAL ASSISTANCE

Patients undergoing treatment for tuberculosis of the respiratory system who are over 16 years of age, and who have suffered a loss of income, qualify for special rates of National Assistance under the National Assistance Act (Northern Ireland), 1948. The maximum weekly amount presently payable for such cases is as follows:—

(a) for a husband and wife—	
(1) of whom one is such a person	.. 77/-
(2) of whom both are such persons	.. 89/-
(b) for any other such person being—	
(1) aged 21 years or over	.. 53/-
(2) aged 18 years or over but less than 21 years	.. 41/-
(3) aged 16 years or over but less than 18 years	.. 33/6

Applicants for assistance are also entitled under the Determination of Need Regulations to a weekly allowance for rent calculated by reference to the general level of rents in the locality and the composition of the household.

The Report of the National Assistance Board for the year ended 31st December, 1953, reveals that at the end of that year 1,919 tuberculous patients were in receipt of assistance, compared with 2,054 in the previous year.

HOME NURSING

The successful home treatment of the disease depends, primarily, on adequate nursing care being available for the patient and this has been forthcoming as a result of the arrangements made with the various local Authorities in the Province. By this arrangement the nurses on the staffs of the Health Authorities make periodic visits to tuberculous patients on request and undertake whatever home nursing duties are required.

The demands on this service tend to increase with the more extensive use of the new drugs in the home treatment of patients. For the year under review 476 patients were visited regularly, and the total number of visits made to these patients was 15,930.

In order to assist in the home nursing of tuberculous patients the Authority provides on free loan certain home nursing appliances, e.g., bed pans, bed rests, bed cradles, etc., and there is evidence that this service is greatly appreciated by the patients concerned.

DIVERSIONAL THERAPY

The need for diversional therapy needs no elaboration. The service is now recognised as one of the essential aids to medical treatment and ultimate recovery. In the chest hospitals keen interest continues to be taken in the diversional therapy scheme, which is operated for the Authority by the National Association for the Prevention of Tuberculosis (Northern Ireland Branch). The administration of the scheme involves a considerable amount of organisation and labour and the Authority gratefully acknowledges the valuable co-operation of the members and officials of the Northern Ireland Branch. The hospital scheme was extended during the year to include art therapy, and the Authority places on record its indebtedness to Mr. Rowel Friers, A.R.U.A., who spends many hours in a voluntary capacity in assisting and advising patients in the Authority's hospitals.

The British Red Cross Society continues to provide diversional therapy facilities for domiciliary patients, and in acknowledging the work of the Society,

the Authority takes the opportunity to record its thanks to Mrs. Crawford Browne for the enthusiastic and voluntary service which she renders to patients in all parts of the Province.

The annual display of handicrafts was held in the Wellington Hall, Belfast, during the period 9th-11th December. Her Excellency Lady Wakehurst graciously declared the exhibition open, while Dame Dehra Parker, D.B.E., M.P., Minister of Health and Local Government, kindly distributed the awards. It is estimated that between 3,000 and 4,000 people visited the exhibition which was representative of the work executed by patients both at home and in hospital.

REHABILITATION

The work done by the Multigraph Department continues to expand. For the financial year ended 31st March, 1953, the costed value of the work carried out amounted to £4,957 as compared with £3,106 for the same period in 1952 and £2,094 in 1951. In addition to meeting most of the Authority's printing requirements, this unit also undertakes work for the Northern Ireland Hospitals Authority and the Northern Ireland General Health Services Board. It is hoped that it will be possible to develop the department even further in the coming year.

At present the Multigraph Department is staffed by six operators, three of whom hold permanent positions. Each of the temporary operators is employed in the department for six months, and although this term is relatively short, it is pleasing to record that the majority is successful in finding alternative employment on completion of the period of service.

Towards the end of 1953 the Authority approved of a pilot survey being carried out for the purpose of assessing the extent of and need for rehabilitation of tuberculous patients. The results of this research project are expected to be made known in the early part of 1954.

HEALTH VISITING

The authorised establishment of health visitors remains the same, though it is anticipated that some slight adjustment may take place during 1954. The work of the health visitors continues as usual, with the age old problems of poverty, overcrowding, emotional and financial problems arising when a member of the family has to face a long period of illness. The health visitors were again much concerned with the examination of contacts. Their work in this field has met with greater success than in the past, though they still meet members of the general public who refuse to recognise the wisdom of examination and contact supervision.

The re-housing of many patients in the new housing estates has added, in many cases, to the financial problems already present in the family. There are still many patients living in grossly overcrowded conditions, and it is difficult for health visitors to suggest ways and means to prevent the spread of infection to other members of the family.

During the year under review, the health visitors were particularly impressed with the need of finding suitable employment for patients who have recovered from their illness. The unemployment problem which exists in the Province adds to the difficulties generally encountered in finding suitable light work.

Grateful acknowledgment is made of the helpful co-operation received from the Ministry of Labour and National Insurance, the National Assistance Board, the various Maternity and Child Welfare and School Health Services and numerous voluntary organisations.

EDUCATION AND PROPAGANDA

The education of the public in preventive measures remains one of the most important weapons available to the Authority in the fight against tuberculosis. During the year, exhibition stands were hired at a number of public shows, notably the Royal Ulster Agricultural Show in May and the Ideal Home Exhibition in September. The interest displayed in these stands leaves little room to doubt that these exhibitions provide a valuable means of encouraging the general public to take a deeper and more practical interest in the tuberculosis problem.

In the education campaign it is important that the instruction of the children should not be overlooked. A series of four posters and an acrostic on the word "tuberculosis" were circulated to all schools during the year. As a follow-up, it has been decided to run an essay competition for children in the 11-12 age group and the necessary arrangements are being made to hold this competition in the spring of 1954.

The need for a general booklet for issue to patients has been recognised for some time and preliminary arrangements have been made for its production.

The intrinsic value of press publicity is readily appreciated and during the year the possibility of running a special press advertising campaign was explored. Some further preliminary arrangements will be necessary, however, before this campaign is introduced. In this connection, the Authority would like to acknowledge with gratitude the co-operation of the press in giving publicity to the work of the Authority during the year.

MEDICAL RECORDS

The ad hoc committee which was set up to review the existing medical records forms used at the Authority's hospitals and clinics, completed its investigations in the month of May.

The hospital and clinic case sheets and related documents have been revised in accordance with the recommendations made by the Committee, and are now in general use.

It is anticipated that the introduction of the revised forms and procedure will result in a more efficient public service.

FINANCIAL SCHEME FOR THE YEAR ENDING 31st MARCH, 1954

The draft financial scheme for the year ending 31st March, 1954, as approved by the Ministry of Health and Local Government under Regulation 15 of the Public Health (Tuberculosis) Regulations (Northern Ireland), 1946, makes provision for an estimated net expenditure of £713,500, allocated over the following headings:—

(i) For services analogous to the Hospital and Specialist Services:			
		£	£
(a) Hospital Expenses ..	..	467,300	
(b) Clinic Service ..	..	74,300	
(c) Mass Radiography Service ..	..	24,500	
(d) Bacteriological Service ..	..	8,750	
(e) Administrative Expenses ..	..	40,650	
(f) Contingencies ..	..	4,000	
(ii) Other Services:			619,500
(a) Domiciliary and Welfare Services	87,000		
(b) Administrative Expenses ..	6,000		
(c) Contingencies ..	1,000		
			94,000
	TOTAL ..		£713,500

In accordance with the provisions of Section 20 of the Public Health (Tuberculosis) Act (Northern Ireland), 1946, as amended by Section 54 of the Health Services Act (Northern Ireland), 1948, the expenditure specified has been assessed on the several contributing Bodies in the following proportions:—

- (a) Amount chargeable to the Ministry of Health and Local Government (total expenditure on items shown under heading (i) and half of the expenditure on items shown under heading (ii)) £666,500
- (b) Amount chargeable to County and County Borough Councils in the same proportion as the total net annual value of all hereditaments in the area of each Council bears to the aggregate of the net annual values of all hereditaments in the areas of all the Councils (half of the expenditure on items shown under heading (ii)) 47,000

TOTAL .. £713,500

ACCOUNTS

The accounts in respect of the year ending 31st March, 1953, disclose that the net expenditure of the Authority for all purposes amounted to the sum of £712,815, made up as set out below, the figures for the preceding year being shown for comparison:—

1951/52 £		1952/53 £	
	(i) Revenue Account:		
30,808	(a) Headquarters ..	36,657	
378,474	(b) Hospitals under the control of the Authority ..	420,203	
4,555	(c) Hospitals and Institutions not under the control of the Authority ..	3,830	
123,717	(d) Clinics and Domiciliary Services ..	139,980	
21,271	(e) Mass Radiography Service ..	21,236	
6,237	(f) Bacteriological Service ..	7,139	
44	(g) Miscellaneous ..	14	
565,106		629,059	
10,565	Less General Receipts ..	9,810	
£554,541		£619,249	
	(ii) Capital Account:		
599	(a) Land and Buildings purchased or otherwise acquired ..	25,410	
30,080	(b) New buildings, adaptations and extensions ..	37,064	
29,303	(c) Provision of X-ray plant and miscellaneous items of equipment ..	31,092	
£59,982		£93,566	
£614,523		£712,815	

The revenue expenditure in respect of Headquarters shows an increase of £5,849 over the previous year. This increase is due to the employment of additional staff, increases in salaries and expansion of the propaganda service.

The total revenue expenditure in hospitals under the control of the Authority shows an increase of £41,729 as compared with the previous year. This increase is accounted for by:—

- (a) Increases in staff salaries and wages and increases in the nursing staff establishment.
- (b) Increased costs of foodstuffs, fuel, light and power, etc.

The following table shows the average cost per patient-day (excluding Headquarters and Bacteriological Service expenditure) at each hospital under the control of the Authority for the years 1951/52 and 1952/53, together with the total patient days:—

Name of Hospital	1951/52		1952/53	
	No. of Patient Days	Patient Day Costs	No. of Patient Days	Patient Day Costs
		s. d.		s. d.
Armagh Chest Hospital ..	14,516	19 3.80	14,344	20 5.47
Crawfordsburn Hospital ..	23,833	26 4.02	30,072	26 3.79
Downpatrick Chest Hospital	15,123	19 4.28	15,766	21 5.13
Dungannon Chest Hospital..	33,693	20 6.44	33,938	21 10.01
Killadeas Hospital ..	10,449	23 4.29	10,488	28 9.20
Londonderry Chest Hospital	60,098	21 6.62	62,031	24 1.55
The Orthopaedic Hospital ..	40,004	24 10.18	43,790	26 1.20
Whiteabbey Hospital ..	124,136	24 0.83	122,436	25 6.57
Total Patient Days ..	321,852		332,865	

The average cost per patient-day for all hospitals for the year 1951/52 was 23s. 0d., and for the year 1952/53 24s. 9d.

The revenue expenditure on the clinic and domiciliary services shows an increase of £16,263 over the previous year, due mainly to:—

- (a) Increases in staff salaries and wages.
- (b) Development of BCG Service.
- (c) Expansion of schemes for the provision of milk and home helps.

STAFF

In order to provide for the expansion of the BCG Vaccination Service the approval of the Ministry of Health and Local Government was sought and obtained to the creation of two additional posts in the grade of junior hospital medical officer, whilst the appointment of a senior hospital medical officer to take charge of the second Mobile Mass Radiography Unit, was also sanctioned.

The Authority granted special leave of absence to Dr. J. B. Cromie, Senior Registrar, at Musgrave Park Hospital (Tuberculosis Section) to enable him to take up an appointment in the United States of America with a view to widening his experience in the treatment of tuberculosis and other diseases of the chest.

The number of applications received for house officer posts at the various Authority-controlled hospitals was somewhat disappointing, but it is hoped that there will be an improvement in the position during the incoming year.

Generally speaking the recruitment of staff nurses and student nurses to fill vacancies on the establishment at the various hospitals has been satisfactory. The supply of enrolled assistant nurses, however, still falls short of requirements and present indications are that there is little likelihood of the position improving in the foreseeable future.

A number of minor amendments to the establishments for health visitors, domestic and general staff and administrative, clerical and typing staffs was made during the year to meet the changing requirements of the service.

The Authority takes this opportunity of expressing its appreciation to all members of the staff for their unremitting efforts, loyalty and co-operation during the year.

CHAPLAINS

The arrangements for the appointment of Chaplains at Authority-controlled hospitals remain unchanged. At the end of the period under review there were 24 chaplains in office, of whom 5 held honorary appointments owing to the fact that the number of patients to be visited by them was insufficient to qualify for payment of remuneration.

The Authority gratefully acknowledges the valuable contribution made to the welfare of patients by the chaplains whose services were greatly appreciated by patients and staff alike.

VISITS OF OVERSEAS MEDICAL AND ADMINISTRATIVE OFFICERS

Continued interest in the tuberculosis scheme for Northern Ireland was evinced by medical and administrative officers from overseas. During the year the following visited Northern Ireland under the auspices of the World Health Organisation to study the various aspects of the scheme:—

Dr. J. A. Shaheen, Director General of Health Services, Ministry of Health, Bagdad, Iraq, from 9th to 19th June, 1953.

Dr. P. Salinger, Senior Medical Officer, King George V Hospital, Durban, South Africa, from 16th to 20th November, 1953.

A party of three Indonesian administrative officers from 17th to 20th November, 1953.

ACKNOWLEDGMENTS

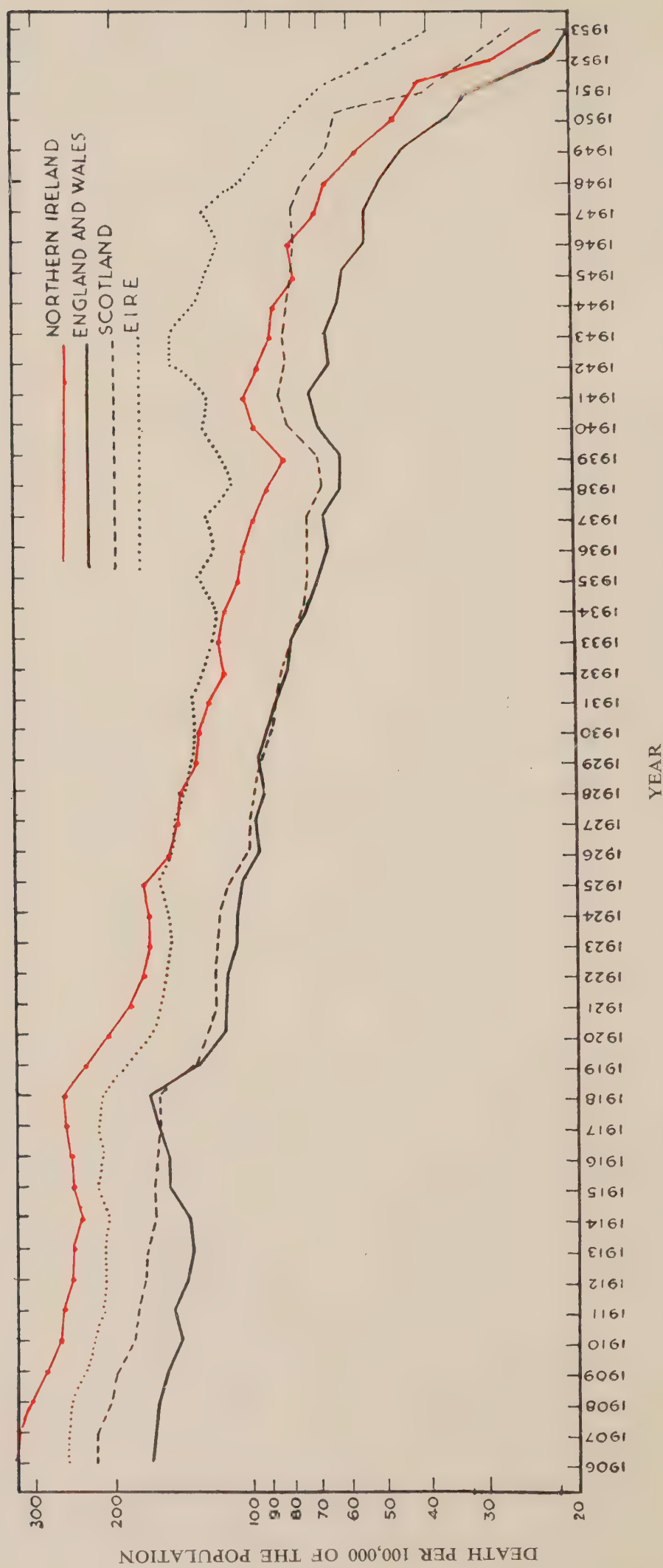
The Authority again desires to record its grateful thanks to Dr. E. A. Cheeseman, of Queen's University, for his helpful advice on statistical problems, and to the Registrar-General for Northern Ireland and his staff for the prompt and efficient attention given to the various requests for information made by the Authority during the year.

D. HALL CHRISTIE, *Chairman.*

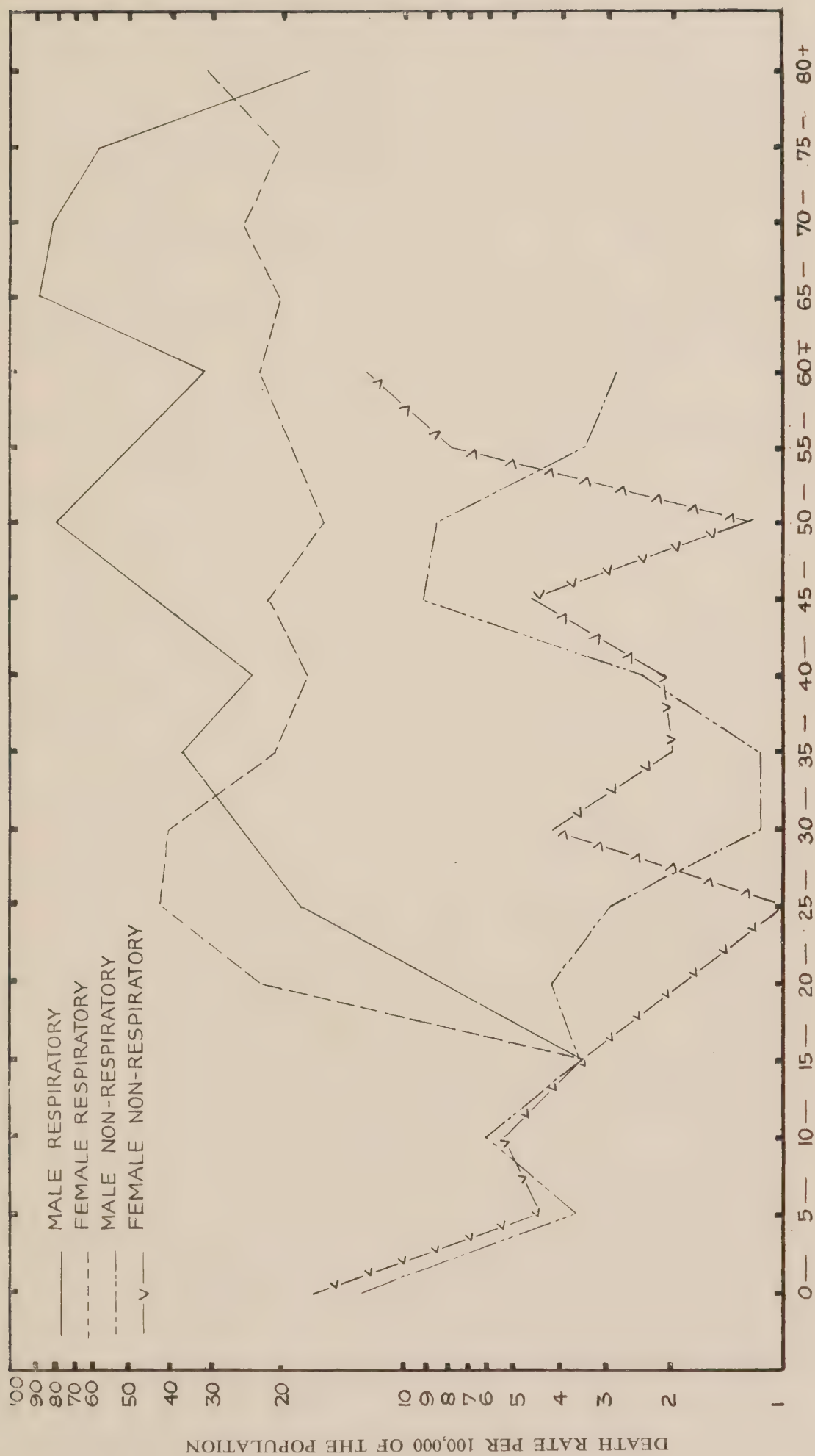
ANDREW SCOTT, *Vice-Chairman.*

WILLIAM HARVEY, *Secretary.*

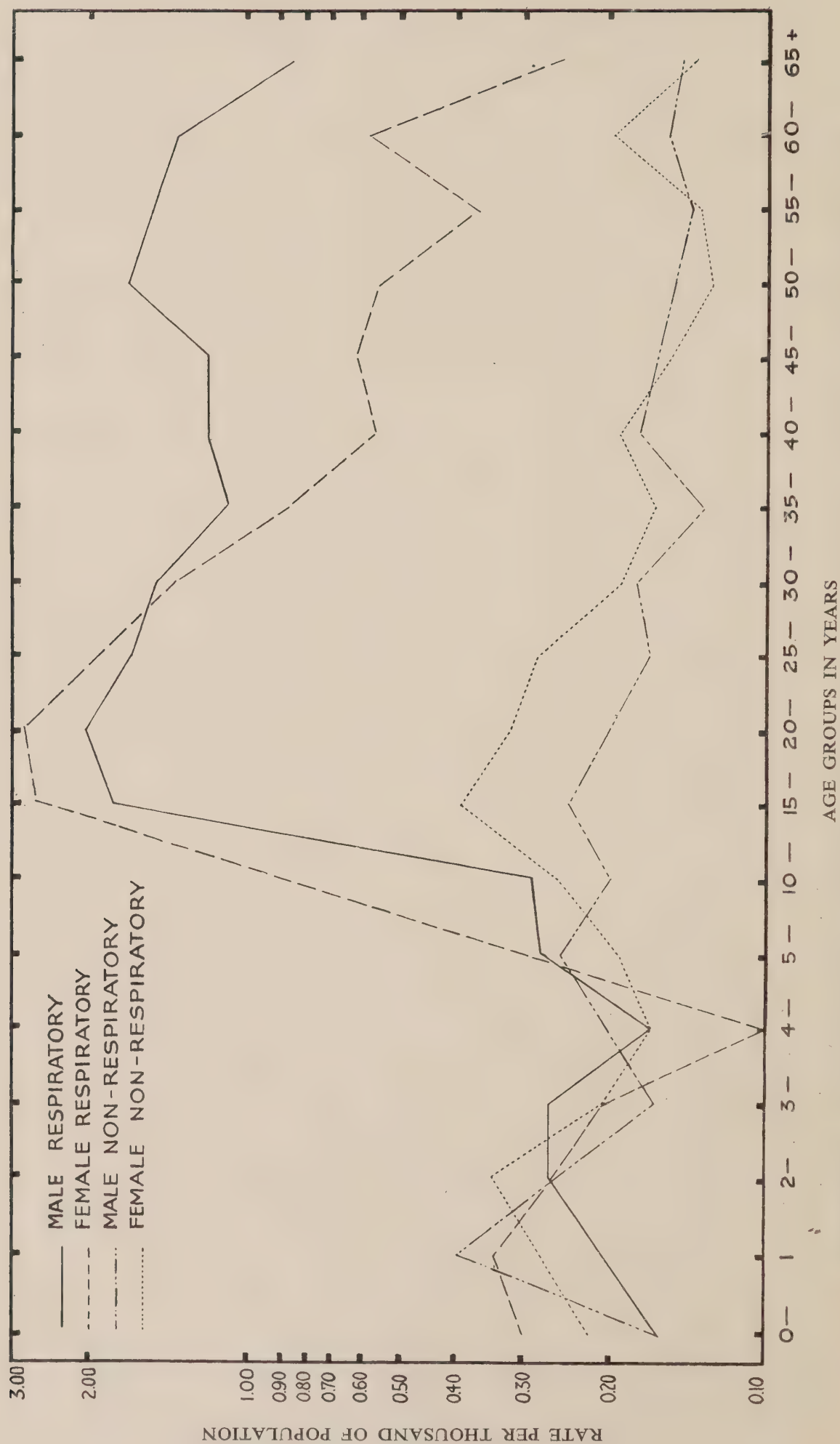
SECTION C



GRAPH I. Mortality from all forms of Tuberculosis, 1906-1953, British Isles



GRAPH II. Average Tuberculosis Death Rate per 100,000 of the population, Northern Ireland, 1952 and 1953



GRAPH III. Average Tuberculosis Notification Rate per 1,000 of the population, Northern Ireland, 1952 and 1953

SECTION D

DEFINITIONS OF TERMS USED IN THE STATISTICAL TABLES

The classification used in the statistical tables is that recommended by the Ministry of Health in Memorandum 37/T, issued in May, 1947, from which the following abridged definitions have been taken.

I Patients under 15 years of age are classed as children, and those of 15 years and upwards as adults.

II Patients are divided into respiratory and non-respiratory cases, as follows:—

- (i) *A respiratory case* is one in which there is a tuberculous lesion of the lungs, pleura, intrathoracic glands, trachea or larynx.
- (ii) *A non-respiratory case* is one in which a tuberculous lesion is present in one or more parts of the body other than the lungs, pleura, intrathoracic glands, trachea or larynx.

A case in which both respiratory and non-respiratory lesions of clinical significance are present is classified as a respiratory case.

III Patients suffering from any form of tuberculosis are further divided into

Class A.—Cases in which tubercle bacilli have never been discovered in any exudate, excrement, discharge or tissue.

Class B.—Cases in which tubercle bacilli have been found at any time in any exudate, excrement, discharge or tissue.

A patient originally in Class A (T.B. minus) is transferred to Class B (T.B. plus) at any stage in the course of treatment if and when tubercle bacilli are found, but, for purposes of classification at the time of first observation if tubercle bacilli have not been found in any excreta or discharge prior to or during the first eight weeks of observation or residential treatment, that patient is considered an A case.

IV Respiratory cases in Classes A and B are further sub-divided into three groups, as follows:—

Group 1. Cases with slight constitutional disturbance.

Group 3. Cases with profound systemic disturbance or constitutional deterioration, and with marked impairment of function, either local or general.

Group 2. All cases which cannot be placed in Group 1 or 3.

V *Quiescent.* Cases in which the general condition and exercise tolerance are good, having regard to the extent of the lesion; which show no evidence of toxæmia; in which no tubercle bacilli have been found on three consecutive monthly examinations by stained film; and in which changes revealed by other clinical investigations and by serial skiagram point to retrogression of the tuberculous lesion.

VI *Recovered.* Cases in which the state of quiescence has continued uninterrupted for a period of five years.

The following definitions have been adopted by the Authority:—

Contact. The term “contact” refers to all cases in which there is or has been during the previous twelve months intimate relationship with a case of tuberculosis, whether the contact is referred to the clinic as a new case or as a routine procedure.

Private Patient. A person who is notified to the Authority as a definite case of tuberculosis but who declines to attend a clinic for examination and supervision, is considered to be a “private patient.” In addition, any patient on the Authority’s register who fails to attend the clinic during two consecutive years (at least one appointment being made in each year) is regarded as a “private patient.” Information concerning such patients is collected annually from the family doctor.

Contractions. The following contractions are used in the tables:—

M—Males.

F—Females.

C—Children.

— indicates “nil.”

TABLE I

Summary of Tuberculosis Register for the year ended 31st December, 1953

	Area	TUBERCULOSIS		
		Respiratory	Non-respiratory	Total
(a) Number of cases on area registers at 1/1/53 :	1A	2,127	205	2,332
	1B	2,412	361	2,773
	1C	3,339	306	3,645
	2	2,335	534	2,869
	3	1,032	183	1,215
	4	1,498	362	1,860
	Total	12,743	1,951	14,694
(b) Number of cases transferred in, cases returned after discharge in previous years and cases transferred from non-respiratory to respiratory during the year :	1A	147	37	184
	1B	30	16	46
	1C	8	4	12
	2	23	7	30
	3	24	1	25
	4	8	4	12
	Total	240	69	309
(c) New cases notified during the year:	1A	220	34	254
	1B	212	47	259
	1C	318	36	354
	2	302	53	355
	3	175	22	197
	4	209	33	242
	Total	1,436	225	1,661
(d) Total additions to register during the year (b) + (c) :	1A	367	71	438
	1B	242	63	305
	1C	326	40	366
	2	325	60	385
	3	199	23	222
	4	217	37	254
	Total	1,676	294	1,970
(e) Number of cases transferred to other areas, cases not desiring further assistance under the scheme and cases lost sight of or otherwise removed during the year:	1A	30	10	40
	1B	84	19	103
	1C	349	38	387
	2	74	14	88
	3	44	12	56
	4	64	6	70
	Total	645	99	744
(f) Deaths during the year:	1A	42	5	47
	1B	40	6	46
	1C	68	2	70
	2	54	5	59
	3	21	3	24
	4	23	2	25
	Total	248	23	271

TABLE I—continued

	Area	TUBERCULOSIS		
		Respiratory	Non-respiratory	Total
(g) Cases recovered during the year:	1A	79	7	86
	1B	169	31	200
	1C	162	15	177
	2	60	31	91
	3	94	18	112
	4	20	18	38
	Total	584	120	704
(h) Total deductions from the registers during the year: (e) + (f) + (g):	1A	151	22	173
	1B	293	56	349
	1C	579	55	634
	2	188	50	238
	3	159	33	192
	4	107	26	133
	Total	1,477	242	1,719
(i) Number of cases on area registers at 31/12/53: (a) + (d) — (h):	1A	2,343	254	2,597
	1B	2,361	368	2,729
	1C	3,086	291	3,377
	2	2,472	544	3,016
	3	1,072	173	1,245
	4	1,608	373	1,981
	Total	12,942	2,003	14,945
(j) Number of private patients		103	29	132
(k) Total number of cases on Tuberculosis Register at 31/12/53: (i) + (j)		13,045	2,032	15,077

Analysis of cases of respiratory tuberculosis on register at 1st January, 1953, additions to and removals from register during the year and number receiving treatment at 31st December, 1953

TABLE III

Analysis of cases of non-respiratory tuberculosis on register at 1st January, 1953, additions to and removals from register during the year, and number receiving treatment at 31st December, 1953

Year of Notifi- cation	Sex	UNDER TREATMENT AT 1st JANUARY, 1953					ADDITIONS TO AREA REGISTERS DURING THE YEAR										REMOVALS FROM AREA REGISTERS DURING THE YEAR																		UNDER TREATMENT AT 31st DECEMBER, 1953												
		Bones and Joints	Abdomen	Other Organs	Peripheral Glands	Total	New cases notified					Transfers in, transfers from other areas and return cases					Recovered					Transfers out and transfers to other areas					Transfers to respiratory					Died								Lost sight of or otherwise removed							
							Bones and Joints	Abdomen	Other Organs	Peripheral Glands	Total	Bones and Joints	Abdomen	Other Organs	Peripheral Glands	Total	Bones and Joints	Abdomen	Other Organs	Peripheral Glands	Total	Bones and Joints	Abdomen	Other Organs	Peripheral Glands	Total	Bones and Joints	Abdomen	Other Organs	Peripheral Glands	Total	Bones and Joints	Abdomen	Other Organs						Peripheral Glands	Total						
1953	M	—	—	—	—	—	28	1	16	6	51	2	1	—	—	3	—	—	—	—	—	1	—	—	—	—	1	—	—	—	—	—	1	1	4	—	6	—	—	1	1	2	28	1	11	5	45
	F	—	—	—	—	—	28	14	29	24	95	1	—	—	—	1	—	—	—	—	—	1	1	—	—	—	2	—	1	—	—	—	—	6	—	—	—	—	—	—	24	11	26	24	85		
	C	—	—	—	—	—	24	15	19	21	79	—	—	—	—	1	1	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	6	2	—	—	—	—	—	2	23	15	14	22	74	
1952	M	40	5	17	11	73	—	—	—	—	—	1	1	—	—	2	—	—	—	—	—	2	—	—	—	—	—	—	—	—	—	—	4	—	5	—	—	—	—	—	—	39	6	17	11	73	
	F	38	12	18	33	101	—	—	—	—	—	2	1	1	1	5	—	—	—	—	—	1	1	—	—	—	2	—	—	—	—	—	—	—	—	—	—	—	—	—	39	12	19	32	102		
	C	35	7	13	25	80	—	—	—	—	—	1	—	—	—	1	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	36	7	13	24	80			
1951	M	34	6	11	3	54	—	—	—	—	—	3	2	—	2	8	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	34	8	12	5	59		
	F	34	10	16	19	79	—	—	—	—	—	2	2	1	1	6	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	1	1	—	—	—	—	—	—	33	12	16	15	76		
	C	30	18	11	30	89	—	—	—	—	—	2	—	—	—	2	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	2	—	1	3	6	—	—	—	32	17	11	30	90		
1950	M	30	5	10	5	50	—	—	—	—	—	2	1	—	—	3	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	30	6	10	5	51		
	F	29	18	9	30	86	—	—	—	—	—	2	1	—	—	3	—	—	—	—	—	—	—	—	—	2	—	—	—	—	—	—	—	—	—	—	—	—	—	30	18	9	28	85			
	C	27	27	8	35	97	—	—	—	—	—	1	—	—	—	1	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	2	2	28	27	8	33	96		
Prior to 1950	M	230	33	48	41	352	—	—	—	—	—	6	2	2	4	14	13	9	2	4	28	2	1	—	1	4	1	1	—	—	2	1	—	—	1	2	8	—	3	2	13	211	24	45	37	317	
	F	232	46	40	85	403	—	—	—	—	—	8	3	2	4	17	19	16	3	4	42	3	—	—	2	5	—	—	1	1	2	1	—	—	—	—	1	6	2	4	7	19	211	31	34	75	351
	C	217	93	16	161	487	—	—	—	—	—	2	—	—	—	2	14	26	—	10	50	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	198	65	16	140	419			
Total	M	334	49	86	60	529	28	1	16	6	51	14	7	3	6	30	13	9	2	4	28	6	1	—	1	8	3	1	—	—	4	3	1	4	1	9	9	—	4	3	16	342	45	95	63	545	
	F	333	86	83	167	669	28	14	29	24	95	15	7	4	6	32	19	16	3	4	42	6	2	—	3	11	1	1	1	3	6	3	2	3	—	8	10	2	5	13	30	337	84	104	174	699	
	C	309	145	48	251	753	24	15	19	21	79	6	—	—	1	7	14	26	—	10	50	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	317	131	62	249	759			
Grand Total		976	280	217	478	1,951	80	30	64	51	225	35	14	7	13	69	46	51	5	18	120	12	3	—	4	19	4	2	1	3	10	7	4	11	1	23	26	4	10	30	70	996	260	261	486	2,003	

TABLE IV

Comparative analysis of number of patients on the Tuberculosis Register at 31st December each year for the years 1949 till 1953

Date	TUBERCULOSIS		
	Respiratory	Non-respiratory	Total
31/12/49	10,198	1,420	11,618
31/12/50	11,475	1,690	13,165
31/12/51	12,396	1,857	14,253
31/12/52	12,869	1,969	14,838
31/12/53	13,045	2,032	15,077

TABLE V

Number of cases of tuberculosis notified during the year 1953 analysed by sex and age groups

Age Groups		TUBERCULOSIS						
		Respiratory		Non-respiratory		Total		Grand Total
		M	F	M	F	M	F	
0—(Months)	..	—	—	—	—	—	—	—
3—	..	—	3	—	—	—	3	3
6—	..	—	1	1	2	1	3	4
9—	..	—	—	1	1	1	1	2
1—(Years)	..	1	5	6	2	7	7	14
2—	..	1	4	3	6	4	10	14
3—	..	3	5	—	3	3	8	11
4—	..	2	—	3	2	5	2	7
5—	..	14	11	16	8	30	19	49
10—	..	17	32	12	14	29	46	75
15—	..	117	143	9	19	126	162	288
20—	..	106	149	9	20	115	169	284
25—	..	83	92	6	11	89	103	192
30—	..	65	71	2	7	67	78	145
35—	..	53	44	2	8	55	52	107
40—	..	55	23	5	7	60	30	90
45—	..	46	20	3	6	49	26	75
50—	..	58	21	4	1	62	22	84
55—	..	45	8	2	1	47	9	56
60—	..	30	16	2	5	32	21	53
65+	..	64	21	8	6	72	27	99
Not stated	..	5	2	—	2	5	4	9
TOTAL	..	765	671	94	131	859	802	1,661
Mean age in years		36.18	28.08	24.63	25.56	34.91	27.66	31.41
Standard Deviation in years	..	17.20	14.15	20.80	17.75	17.95	14.80	16.90
Coefficient of Variation in years	..	47.54	50.39	85.39	69.44	51.42	53.51	53.80

TABLE VI

Average tuberculosis notification rate per 1,000 of the population for the years 1952 and 1953

Age Groups (in Years)			TUBERCULOSIS					
			Respiratory		Non-respiratory		Total	
			M	F	M	F	M	F
Under	1—	..	0.14	0.31	0.14	0.23	0.29	0.54
	1—	..	0.22	0.38	0.43	0.30	0.65	0.68
	2—	..	0.28	0.30	0.28	0.38	0.56	0.68
	3—	..	0.28	0.22	0.14	0.22	0.42	0.43
	4—	..	0.14	—	0.21	0.14	0.35	0.14
	5—	..	0.29	0.19	0.26	0.19	0.55	0.38
	10—	..	0.30	0.58	0.21	0.26	0.51	0.84
	15—	..	1.86	2.77	0.25	0.40	2.11	3.17
	20—	..	2.12	2.85	0.25	0.33	2.37	3.18
	25—	..	1.71	2.05	0.15	0.29	1.86	2.34
	30—	..	1.54	1.51	0.16	0.19	1.70	1.70
	35—	..	1.16	0.90	0.07	0.14	1.23	1.04
	40—	..	1.25	0.63	0.16	0.19	1.41	0.82
	45—	..	1.26	0.64	0.13	0.12	1.39	0.76
	50—	..	1.75	0.60	0.11	0.07	1.86	0.67
	55—	..	1.59	0.39	0.10	0.09	1.69	0.48
	60—	..	1.47	0.63	0.12	0.20	1.59	0.83
	65+	..	0.89	0.27	0.10	0.09	0.99	0.36
TOTAL ..			1.16	1.01	0.18	0.21	1.34	1.22
								1.28

Population figures taken from the Registrar General, Census of Population of Northern Ireland, 1951, Second Preliminary Report (Ages).

TABLE VII

Number of cases of tuberculosis notified during the year 1953 analysed by areas, classification and sex with corresponding rates per 1,000 of the population in italics

AREA	TUBERCULOSIS						Grand Total
	Respiratory		Non-respiratory		Total		
	M	F	M	F	M	F	
Belfast County Borough	284 <i>1.36</i>	262 <i>1.12</i>	22 <i>0.11</i>	48 <i>0.21</i>	306 <i>1.46</i>	310 <i>1.32</i>	616 <i>1.39</i>
Londonderry County Borough	33 <i>1.41</i>	28 <i>1.05</i>	6 <i>0.26</i>	4 <i>0.15</i>	39 <i>1.67</i>	32 <i>1.19</i>	71 <i>1.42</i>
County Antrim	91 <i>0.81</i>	97 <i>0.82</i>	22 <i>0.20</i>	23 <i>0.19</i>	113 <i>1.01</i>	120 <i>1.01</i>	233 <i>1.01</i>
County Armagh	61 <i>1.08</i>	55 <i>0.95</i>	9 <i>0.16</i>	17 <i>0.29</i>	70 <i>1.24</i>	72 <i>1.24</i>	142 <i>1.24</i>
County Down	134 <i>1.14</i>	86 <i>0.70</i>	15 <i>0.13</i>	19 <i>0.15</i>	149 <i>1.27</i>	105 <i>0.85</i>	254 <i>1.05</i>
County Fermanagh	35 <i>1.26</i>	35 <i>1.38</i>	3 <i>0.11</i>	4 <i>0.16</i>	38 <i>1.37</i>	39 <i>1.54</i>	77 <i>1.45</i>
Co. Londonderry (excluding Co. Borough)	45 <i>0.85</i>	43 <i>0.82</i>	8 <i>0.15</i>	2 <i>0.04</i>	53 <i>1.00</i>	45 <i>0.86</i>	98 <i>0.93</i>
County Tyrone	77 <i>1.14</i>	59 <i>0.91</i>	9 <i>0.13</i>	14 <i>0.22</i>	86 <i>1.27</i>	73 <i>1.13</i>	159 <i>1.20</i>
Total for Northern Ireland	760 <i>1.14</i>	665 <i>0.95</i>	94 <i>0.14</i>	131 <i>0.19</i>	854 <i>1.28</i>	796 <i>1.13</i>	1,650 <i>1.20</i>
Home address out- side Northern Ireland	5	6	—	—	5	6	11
Total new cases notified	765	671	94	131	859	802	1,661

Population figures taken from the Registrar-General, Census of Population of Northern Ireland, 1951, Preliminary Report.

TABLE VIII

Number of cases of tuberculosis notified in the County Borough of Belfast during the year 1953 analysed by wards, classification and sex with corresponding rates per 1,000 of the population in italics

WARD	TUBERCULOSIS						
	Respiratory		Non-respiratory		Total		Grand Total
	M	F	M	F	M	F	
Clifton ..	31 <i>1.28</i>	25 <i>0.91</i>	2 <i>0.08</i>	6 <i>0.22</i>	33 <i>1.36</i>	31 <i>1.13</i>	64 <i>1.24</i>
Court ..	12 <i>1.44</i>	9 <i>1.04</i>	1 <i>0.12</i>	4 <i>0.46</i>	13 <i>1.56</i>	13 <i>1.50</i>	26 <i>1.53</i>
Cromac ..	12 <i>1.15</i>	13 <i>1.05</i>	— —	3 <i>0.24</i>	12 <i>1.15</i>	16 <i>1.29</i>	28 <i>1.23</i>
Dock ..	10 <i>1.44</i>	19 <i>2.45</i>	— —	3 <i>0.39</i>	10 <i>1.44</i>	22 <i>2.84</i>	32 <i>2.18</i>
Duncairn ..	21 <i>1.21</i>	17 <i>0.90</i>	3 <i>0.17</i>	2 <i>0.11</i>	24 <i>1.38</i>	19 <i>1.01</i>	43 <i>1.18</i>
Falls ...	32 <i>2.05</i>	23 <i>1.30</i>	1 <i>0.07</i>	— —	33 <i>2.12</i>	23 <i>1.30</i>	56 <i>1.69</i>
Ormeau ..	26 <i>1.24</i>	29 <i>1.20</i>	1 <i>0.05</i>	2 <i>0.08</i>	27 <i>1.29</i>	31 <i>1.28</i>	58 <i>1.29</i>
Pottinger ..	29 <i>1.32</i>	21 <i>0.87</i>	2 <i>0.09</i>	10 <i>0.41</i>	31 <i>1.41</i>	31 <i>1.28</i>	62 <i>1.35</i>
St. Anne's ..	27 <i>1.83</i>	21 <i>1.31</i>	3 <i>0.20</i>	2 <i>0.12</i>	30 <i>2.03</i>	23 <i>1.43</i>	53 <i>1.72</i>
St. George's ..	10 <i>1.44</i>	14 <i>1.77</i>	3 <i>0.43</i>	1 <i>0.13</i>	13 <i>1.87</i>	15 <i>1.90</i>	28 <i>1.88</i>
Shankill ..	23 <i>1.53</i>	23 <i>1.39</i>	2 <i>0.13</i>	4 <i>0.24</i>	25 <i>1.66</i>	27 <i>1.63</i>	52 <i>1.65</i>
Smithfield ..	7 <i>1.39</i>	7 <i>1.27</i>	— —	1 <i>0.18</i>	7 <i>1.39</i>	8 <i>1.45</i>	15 <i>1.42</i>
Victoria ..	14 <i>0.77</i>	15 <i>0.80</i>	3 <i>0.16</i>	5 <i>0.26</i>	17 <i>0.93</i>	20 <i>1.06</i>	37 <i>1.00</i>
Windsor ..	11 <i>0.93</i>	14 <i>0.92</i>	— —	5 <i>0.32</i>	11 <i>0.93</i>	19 <i>1.25</i>	30 <i>1.11</i>
Woodvale ..	19 <i>1.56</i>	12 <i>0.91</i>	1 <i>0.08</i>	— —	20 <i>1.64</i>	12 <i>0.91</i>	32 <i>1.26</i>
TOTAL ..	284 <i>1.36</i>	262 <i>1.12</i>	22 <i>0.11</i>	48 <i>0.21</i>	306 <i>1.46</i>	310 <i>1.32</i>	616 <i>1.39</i>

Population figures taken from the Registrar-General, Census of Population of Northern Ireland, 1951, Preliminary Report.

TABLE IX

Number of new persons examined at Chest Clinics during the year 1953 analysed by area, classification and sex

AREA	Number of new patients examined (excluding contacts)																New contacts examined																Total Number of re-exams. including follow-up contact examinations	Total Clinic Attendances
	Tuberculous				Non-tuberculous				On observation				Total				Tuberculous				Non-tuberculous				On observation				Total					
	Adult		Child		Adult		Child		Adult		Child		Adult		Child		Adult		Child		Adult		Child		Adult		Child		Adult		Child			
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F				
1A	111	93	8	3	142	190	102	103	57	69	24	25	310	352	134	131	9	8	—	1	213	325	225	231	16	19	18	17	238	352	243	249	8,126	10,135
1B	92	90	14	19	309	447	205	220	129	174	65	61	530	711	284	300	8	13	1	—	154	234	240	218	49	69	49	53	211	316	290	271	9,936	12,849
1C	144	141	8	12	249	356	128	128	138	133	49	54	531	630	185	194	9	14	5	3	224	295	218	242	21	20	34	33	254	329	257	278	8,711	11,369
2	146	114	12	17	436	437	163	157	170	158	79	74	752	709	254	248	14	15	3	4	218	254	180	205	49	71	67	67	281	340	250	276	6,855	9,965
3	74	55	1	—	691	515	150	160	94	50	14	20	859	620	165	180	6	7	4	7	94	136	135	104	18	15	18	16	118	158	157	127	4,007	6,391
4	91	75	22	15	721	876	202	193	91	109	42	45	903	1,060	266	253	10	14	2	4	186	280	176	209	9	13	11	12	205	307	189	225	6,648	10,056
TOTAL	658	568	65	66	2,548	2,821	950	961	679	693	273	279	3,885	4,082	1,288	1,306	56	71	15	19	1,089	1,524	1,174	1,209	162	207	197	198	1,307	1,802	1,386	1,426	44,283	60,765
	1,226		131		5,369		1,911		1,372		552		7,967		2,594		127		34		2,613		2,383		369		395		3,109		2,812			
	1,357				7,280				1,924				10,561				161				4,996				764				5,921					

NOTE:—The difference between the total number of new cases found on examination (1,518) and the total new cases notified (1,661, Table V) consists of posthumous notifications on Form C.

TABLE X

Analysis of new contacts examined during the year 1953 with comparative figures for the years 1949-1952

YEAR	Total number of contacts examined						Number of contacts found tuberculous						Percentage tuberculous					
	Adults			Children			Adults			Children			Adults			Children		
	M		F	M		F	M		F	M		F	M		F	M		F
	Total	M	F	Total	M	F	Total	M	F	Total	M	F	Total	M	F	Total	M	F
1949..	1,020	1,020	1,682	1,499	1,499	1,462	2,519	2,519	3,144	65	78	90	155	155	168	6.4	4.6	6.2
	2,702			2,961			5,663			143		180	323			5.3		5.7
1950..	1,188	1,188	2,064	1,533	1,533	1,424	2,723	2,723	3,488	67	86	67	149	149	153	5.6	4.2	4.7
	3,252			2,957			6,209			153		149	302			4.7		4.9
1951..	1,218	1,218	1,817	1,164	1,164	1,105	2,382	2,382	2,922	61	68	35	113	113	103	5.0	3.7	3.2
	3,035			2,269			5,304			129		87	216			4.3		4.1
1952..	1,420	1,420	2,225	1,739	1,739	1,672	3,159	3,159	3,897	70	82	18	92	92	100	4.9	3.7	1.1
	3,645			3,411			7,056			152		40	192			4.2		2.7
1953..	1,307	1,307	1,802	1,386	1,386	1,426	2,693	2,693	3,228	56	71	19	71	71	90	4.3	3.9	1.3
	3,109			2,812			5,921			127		34	161			4.1		2.7

TABLE XI

Summary of position after a period of six months in regard to the examination of contacts of new cases notified from January till September in the years 1952 and 1953

(a) 1952

Area	Number of cases notified	Number not visited for special reasons	Number for whom information was not received	Number followed up for contacts	Total Number of contacts				Number examined after 6 months				Number outstanding after 6 months				Percentage Outstanding
					M	F	C	Total	M	F	C	Total	M	F	C	Total	
1A	209	14	2	193	252	259	233	744	208	213	221	642	44	46	12	102	13.71
1B	260	13	2	245	306	376	342	1,024	235	285	307	827	71	91	35	197	19.24
1C	343	34	2	307	399	455	470	1,324	297	349	441	1,087	102	106	29	237	17.90
2	269	11	6	252	368	396	396	1,160	195	245	340	780	173	151	56	380	30.53
3	147	6	3	138	212	191	233	636	132	135	207	474	80	56	26	162	25.47
4	225	9	1	215	333	375	395	1,103	188	239	316	743	145	136	79	360	30.64
Total	1,453	87	16	1,350	1,870	2,052	2,069	5,991	1,255	1,466	1,832	4,553	615	586	237	1,438	24.00

(b) 1953

1A	182	7	—	175	217	265	223	705	172	199	204	575	45	66	19	130	18.44
1B	189	2	1	186	231	282	282	795	182	235	267	684	49	47	15	111	13.96
1C	270	21	—	249	323	374	359	1,056	240	266	333	839	83	108	26	217	20.55
2	257	8	2	247	323	337	390	1,050	207	247	371	825	116	90	19	225	21.43
3	151	5	1	145	165	196	292	653	109	148	277	534	56	48	15	119	18.22
4	181	2	1	178	239	275	313	827	163	209	286	658	76	66	27	169	20.44
Total	1,230	45	5	1,180	1,498	1,729	1,859	5,086	1,073	1,304	1,738	4,115	425	425	121	971	19.09

TABLE XII

*Number of X-ray examinations carried out at Chest Clinics during the year 1953
analysed by areas*

Area	Number of X-ray examinations
1A	10,601
1B	10,957
1C	11,150
2	8,404
3	6,190
4	10,484
Total	57,786

TABLE XIII

*Comparative analysis of the number of X-ray examinations carried out at the Chest
Clinics during the years 1949 till 1953*

Year	Total number of X-ray examinations
1949	40,604
1950	45,449
1951	47,795
1952	55,873
1953	57,786
Total for five years 1949-1953	247,507

TABLE XIV

A.P. and P.P. treatment carried out at Chest Clinics during the year 1953 analysed by areas

Treatment	AREAS						Total
	1A	1B	1C	2	3	4	
A.P. Refills ..	1,184	1,568	501	1,701	1,483	1,392	7,829
P.P. Refills ..	1,316	1,394	546	1,342	924	3,496	9,018
Number of patients receiving A.P. or P.P. treatment at end of year ..	71	75	21	77	79	137	460

TABLE XV

Comparative analysis of the number of patients receiving A.P. or P.P. treatment at Chest Clinics at the end of each year for the years 1951 till 1953

Year	AREAS						Total
	1A	1B	1C	2	3	4	
1951	49	48	51	73	80	116	417
1952	53	64	30	66	80	108	401
1953	71	75	21	77	79	137	460

Number of visits made by Health Visitors during the year 1953 analysed by areas with corresponding figures for the year 1952

44

TABLE XVI (b)

Percentage analysis of visits made by Health Visitors during the year 1953 with corresponding figures for the year 1952

AREA	TYPE OF VISIT										Total
	New Cases	Contacts	Mantoux	BCG	PAS	Non-respiratory Cases	Observation Cases	Monthly	Quarterly	Yearly	Other
1A ..	2.32	3.13	1.78	1.55	2.29	1.57	1.40	22.63	39.69	6.26	17.38
1B ..	1.92	8.12	3.98	2.64	2.63	4.34	3.66	21.56	36.27	6.41	8.47
1C ..	2.68	3.86	1.65	2.78	1.28	1.01	0.83	21.51	43.76	2.38	18.26
2 ..	3.96	8.21	11.09	3.21	2.37	4.09	5.39	33.36	14.43	4.06	9.83
3 ..	2.97	3.77	6.49	0.38	5.11	3.88	4.18	27.23	23.84	6.35	15.80
4 ..	3.02	11.63	12.66	3.83	2.65	1.25	1.29	31.77	18.69	2.18	11.03
1953 ..	2.76	6.31	5.58	2.53	2.42	2.63	2.68	25.56	31.53	4.49	13.51
1952 ..	3.53	6.29	4.22	1.73	2.89	2.36	2.07	24.71	33.40	5.95	12.85

TABLE XVII

Comparative analysis of the number of visits made by Health Visitors during the years 1949–1953

Year	Total Number of Visits
1949	41,854
1950	51,761
1951	45,905
1952	60,147
1953	66,277
Total for five years 1949–1953	265,944
Average for five years 1949–1953	53,189

TABLE XVIII

Comparative analysis of the number of patients supplied with Home Helps during the years 1949–1953

Year	AREA								Total
	Belfast Co. Boro'	London- derry Co. Boro'	Antrim County	Armagh County	Down County	Fermanagh County	London- derry County	Tyrone County	
1949	—	11	—	1	30	1	—	—	43
1950	22	28	—	—	53	—	1	—	104
1951	70	21	4	—	42	—	3	—	140
1952	108	27	26	7	36	2	10	4	220
1953	135	22	40	13	37	4	10	4	265

TABLE XIX

Comparative analysis of the number of Home Helps in employment at 31st December each year for the years 1949–1953

Date	AREA								Total
	Belfast Co. Boro'	London- derry Co. Boro'	Antrim County	Armagh County	Down County	Fermanagh County	London- derry County	Tyrone County	
31/12/49	—	3	—	—	21	—	—	—	24
31/12/50	13	3	—	—	22	—	1	—	39
31/12/51	35	17	4	—	19	—	3	—	78
31/12/52	56	11	16	5	17	2	5	1	113
31/12/53	72	14	23	8	16	2	6	2	143

TABLE XX

Analysis of Home Helps supplied during 1953 according to category of patient

Area	Number of Home Helps supplied to			Total
	Patients on waiting list	Patients discharged from hospital	Others	
Belfast County Borough ..	35	51	49	135
Londonderry County Borough	3	9	10	22
Antrim County	6	17	17	40
Armagh County	—	10	3	13
Down County	6	14	17	37
Fermanagh County	2	—	2	4
Londonderry County	1	7	2	10
Tyrone County	—	4	—	4
TOTAL	53	112	100	265

TABLE XXI

Analysis of the number of Home Helps terminated during 1953 showing the average length of stay

Area	Number terminated	Total length of stay (in weeks)	Average length of stay (in weeks)
Belfast County Borough ..	70	2,168	30.97
Londonderry County Borough	8	371	46.38
Antrim County	18	581	32.28
Armagh County	6	136	22.67
Down County	22	727	30.26
Fermanagh County	3	115	38.33
Londonderry County	4	138	34.50
Tyrone County	2	30	15.00
TOTAL	133	4,266	32.08

TABLE XXII

Number of patients in receipt of free milk at 31st December, 1953, analysed by areas

Area	Number of patients in receipt of free milk at 31/12/53
1A	137
1B	221
1C	434
2	342
3	154
4	102
Total	1,390

TABLE XXIII

Comparative analysis of the number of patients in receipt of free milk at 31st December each year for the years 1949–1953

Date	Number of patients in receipt of free milk
31/12/49	1,860
31/12/50	1,700
31/12/51	1,851
31/12/52	1,993
31/12/53	1,390

TABLE XXIV

Number of patients in receipt of bed and bedding at 31st December, 1953, analysed by areas

Area	Number of patients in receipt of bed and bedding at 31/12/53
1A	193
1B	183
1C	298
2	164
3	86
4	99
Total	1,023

TABLE XXV

Analysis of issues made under the bed and bedding scheme during the year 1953

Items	AREA						Total
	1A	1B	1C	2	3	4	
Beds	35	16	44	31	34	23	183
Mattresses ..	41	18	49	35	32	26	201
Mattress Covers ..	29	12	35	25	22	15	138
Pillows	33	2	18	10	12	—	75
Pillow Cases ..	39	6	20	14	24	—	103
Sheets	102	37	127	92	86	58	502
Blankets	173	81	260	158	158	109	939
Cots	1	1	1	—	—	—	3
Cot Mattresses ..	1	1	1	—	—	—	3
Fracture Boards ..	—	—	—	1	—	—	1
Rubber Sheets ..	2	1	2	—	—	—	5

TABLE XXVI

Comparative analysis of the number of patients in receipt of bed and bedding at 31st December each year for the years 1949–1953

Date	Number of patients in receipt of bed and bedding
31/12/49	761
31/12/50	918
31/12/51	1,008
31/12/52	1,024
31/12/53	1,023

TABLE XXVII

Number of patients in receipt of chalets at 31st December, 1953, analysed by areas

Area	Number of patients in receipt of chalets at 31/12/53
1A	8
1B	18
1C	2
2	30
3	26
4	19
Total	103

TABLE XXVIII

Comparative analysis of the number of patients in receipt of chalets at 31st December each year for the years 1949–1953

Date	Number of patients in receipt of chalets
31/12/49	119
31/12/50	119
31/12/51	105
31/12/52	102
31/12/53	103

TABLE XXIX

Analysis of the number of patients in hospital at 1st January, 1953, the number of admissions, discharges and deaths during the year and the number of patients in hospital at 31st December, 1953

Name of hospital	Number of Patients			
	In hospital 1/1/53	Admitted during 1953	Discharged during 1953	Died during 1953
Armagh Chest Hospital	40	52	50	3
Belfast City Hospital	51	191	174	19
Crawfordsburn Hospital	81	157	160	—
Downpatrick Chest Hospital	45	76	72	2
Dungannon Chest Hospital	89	153	162	2
Forster Green Hospital	200	299	285	7
Killadeas Hospital	26	70	76	1
Londonderry Chest Hospital	166	284	275	4
Musgrave Park Hospital (Respiratory Section)	302	484	445	17
The Orthopaedic Hospital, Greenisland	119	31	32	—
Whiteabbey Hospital	320	424	384	32
TOTAL	1,439	2,221	2,115	87
				1,458

In addition, there were 2 patients admitted to Forster Green Hospital, 12 admitted to Londonderry Chest Hospital, 4 admitted to Musgrave Park Hospital and 18 admitted to Whiteabbey Hospital from various chest hospitals for special observation and/or surgical treatment, all of whom were discharged within 28 days of admission.

TABLE XXX

Analysis of the immediate results of treatment of all suspected and definitely tuberculous patients treated to a conclusion during the year 1953 in Armagh Chest Hospital, Belfast City Hospital, Crawfordburn Hospital, Dungannon Chest Hospital, Downpatrick Chest Hospital, Forster Green Hospital, Killadeas Hospital, Londonderry Chest Hospital, Musgrave Park Hospital (Respiratory Section), The Orthopaedic Hospital, Greenisland, and Whiteabbey Hospital

Classification on admission to hospital	Condition at time of discharge from hospital	Duration of hospital treatment															Grand Total			
		Under 1 month			1-3 months			3-6 months			6-12 months			More than 12 months				Totals		
		M	F	C	M	F	C	M	F	C	M	F	C	M	F	C		M	F	C
Observation	Non-Tub.	31	3	5	10	7	19	6	3	32	2	3	31	—	—	8	49	16	95	160
		1	1	—	1	1	—	—	—	—	—	1	—	—	—	—	2	3	—	5
	Tub.	—	—	—	—	—	—	1	—	—	3	3	—	—	—	—	4	3	—	7
TOTALS	(Observation)	34	9	5	14	9	19	9	3	32	6	8	31	—	—	8	63	29	95	187
		3	6	—	6	3	5	11	16	13	19	26	15	1	5	4	40	56	37	133
	Quiescent Not Quiescent Died in hospital	9	5	1	9	7	—	5	16	1	3	8	1	—	4	1	26	40	4	70
CLASS A Group 1	Quiescent Not Quiescent Died in hospital	—	1	—	5	3	—	7	11	3	21	28	3	7	11	—	40	54	6	100
		10	4	1	10	8	—	9	17	—	8	11	—	1	3	—	38	43	1	82
		—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	1	—	—	1
CLASS A Group 2	Quiescent Not Quiescent Died in hospital	1	—	—	1	—	1	—	1	1	2	1	4	3	5	3	7	7	9	23
		1	1	—	2	—	1	1	1	1	—	2	—	1	2	2	5	6	3	14
		2	1	2	—	—	—	—	—	—	—	1	—	—	—	—	2	2	2	6
CLASS B Group 1	Quiescent Not Quiescent Died in hospital	1	1	—	1	3	—	6	7	2	15	27	1	3	6	—	26	44	3	73
		6	6	—	7	5	—	7	13	—	8	11	1	2	2	1	30	37	2	69
		—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—

TABLE XXX—continued

Classification on admission to hospital		Condition at time of discharge from hospital	Duration of hospital treatment												Grand Total						
			Under 1 month			1-3 months			3-6 months			6-12 months				More than 12 months			Totals		
			M	F	C	M	F	C	M	F	C	M	F	C		M	F	C	M	F	C
Respiratory Tuberculosis	CLASS B	Quiescent ..	6	5	—	17	9	—	43	22	2	106	84	1	217	177	4	398			
	Group 2	Not Quiescent ..	20	22	—	54	32	—	94	49	—	65	73	1	268	223	4	495			
		Died in hospital ..	2	1	—	—	—	—	—	—	—	—	—	2	—	3	3	—	6		
	CLASS B	Quiescent ..	2	1	—	1	—	2	1	—	2	11	28	6	40	55	22	117			
	Group 3	Not Quiescent ..	9	17	—	32	20	2	57	24	—	50	17	1	184	110	4	298			
		Died in hospital ..	19	6	4	8	2	1	6	2	—	4	2	—	40	20	5	65			
TOTALS		(Respiratory) ..	91	77	8	153	92	12	247	179	24	312	321	34	967	877	106	1,950			
Non-Respiratory Tuberculosis	Bones and Joints	Quiescent ...	—	—	—	1	1	—	1	—	—	—	2	—	8	8	11	27			
	Abdominal	Not Quiescent ..	—	1	—	—	—	—	—	—	—	—	1	—	1	3	1	5			
		Died in hospital ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—			
	Abdominal	Quiescent ..	—	—	—	—	—	2	—	—	—	—	1	—	—	1	2	3			
		Not Quiescent ..	—	1	—	—	1	3	—	1	—	—	—	—	—	3	3	6			
	Other Organs	Died in hospital ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—			
Quiescent ..		—	—	—	—	1	1	1	1	—	—	—	1	1	1	3	5				
	Peripheral Glands	Not Quiescent ..	—	—	—	—	—	1	—	—	—	—	1	—	—	1	1	2			
		Died in hospital ..	1	—	1	—	—	1	—	—	1	—	—	—	1	—	3	4			
	TOTALS	(Non-respiratory) ..	—	—	—	—	1	—	—	—	2	—	—	—	—	1	3	4			
TOTALS		(Non-respiratory) ..	—	—	—	—	1	—	—	—	2	—	—	—	—	3	2	5			
TOTALS		(Non-respiratory) ..	1	2	1	1	5	8	2	3	4	—	6	2	11	23	31	65			

In addition, there were 2 patients admitted to Forster Green Hospital, 12 admitted to Londonderry Chest Hospital, 4 admitted to Musgrave Park Hospital and 18 admitted to Whiteabbey Hospital from various Chest Hospitals for special observation and/or surgical treatment all of whom were discharged within 28 days of admission.

TABLE XXXI

Analysis of the average length of stay of patients discharged from hospital during the year 1953

Name of Hospital	Total bed days of patients discharged during the year 1953	Number of patients discharged during 1953	Number of deaths in hospital during 1953	Average length of stay in hospital (in days)
Armagh Chest Hospital ..	13,831	50	3	260.96
Belfast City Hospital ..	26,174	174	19	135.62
Crawfordsburn Hospital ..	31,093	160	—	194.33
Downpatrick Chest Hospital ..	16,850	72	2	227.70
Dungannon Chest Hospital ..	38,506	162	2	234.79
Forster Green Hospital ..	74,772	285	7	256.07
Killadeas Hospital ..	16,320	76	1	211.95
Londonderry Chest Hospital ..	64,026	275	4	229.48
Musgrave Park Hospital:—				
Respiratory ..	117,591	423	17	267.25
Non-respiratory ..	544	7	—	77.71
Observation ..	783	15	—	52.20
The Orthopaedic Hospital, Greenisland ..	28,254	32	—	882.94
Whiteabbey Hospital:—				
Respiratory ..	116,664	353	24	309.45
Non-respiratory ..	2,926	7	4	266.00
Observation ..	2,690	24	4	96.07

Average length of stay:—Respiratory Case .. 244.58 days
 Non-respiratory Case .. 634.48 days
 Observation Case .. 80.77 days

TABLE XXXII

Analysis of X-ray examinations carried out on patients in hospital during the year 1953

X-ray Examination	Armagh Chest Hospital	Downpatrick Chest Hospital	Dun-gannon Chest Hospital	Killadeas Hospital	Musgrave Park Hospital	The Orthopaedic Hospital	London-derry Chest Hospital	White-abbey Hospital	Total
Abdominal ..	—	—	—	—	6	—	11	—	17
Barium Examinations ..	—	—	—	—	9	—	2	10	21
Bronchograms ..	—	—	—	—	—	—	1	26	27
Cholecystograms ..	—	—	—	—	—	—	—	2	2
Dental ..	—	—	—	—	11	—	1	20	32
Facial Bones ..	—	—	—	—	—	—	1	—	1
G.I.T. ..	—	—	—	—	—	—	2	—	2
Intravenous Pyelogram ..	—	—	—	—	15	—	1	13	29
Pelvis ..	—	—	—	—	8	—	—	—	8
Portable ..	—	*307	624	*371	1,689	—	4	241	245
Pulmonary ..	244	—	—	—	4	—	1,420	3,919	8,574
Retrograde Pyelogram ..	—	—	—	—	2	—	—	—	4
Sinogram ..	—	—	—	—	62	—	3	—	5
Skeletal ..	—	—	—	—	—	527	38	80	707
Skull ..	—	—	—	—	—	—	2	54	56
Other ..	—	—	—	13	146	—	59	591	809

* Indicates that the X-ray was carried out at another hospital or chest clinic

TABLE XXXIII

Summary of surgical treatment carried out on patients in hospital during the year 1953

Surgical Treatment	Armagh Chest Hospital	Down- patrick Chest Hospital	Dun- gannon Chest Hospital	Killadeas Hospital	Musgrave Park Hospital	London- derry Chest Hospital	White- abbey Hospital	Total
A.P. Inductions (successful)	—	—	24	19	53	34	35	165
A.P. Inductions (unsuccessful)	—	—	5	2	9	—	9	25
A.P. Refills ..	36	—	1,052	474	2,401	1,251	1,253	10,179
P.P. Refills ..	420	—	—	151	—	2,253	888	—
P.P. Inductions ..	4	—	10	1	21	44	18	98
Antrum Puncture ..	—	—	—	—	—	—	1	1
Aspiration of tuberculous glands ..	12	—	—	—	—	—	—	12
Bronchogram ..	—	—	—	—	—	—	6	6
Bronchoscopy ..	—	—	—	—	65	47	144	256
Chest Aspirations ..	—	—	—	25	—	120	112	257
D. and C. ..	—	—	—	—	—	—	2	2
Decortication ..	—	—	—	—	1	—	3	4
Epididymectomy ..	—	—	—	—	—	—	1	1
Extrapleural pneumothorax ..	—	—	—	—	3	—	—	3
Extrapleural pneumothorax refills ..	—	—	—	—	—	—	—	13
Lobectomy ..	—	—	—	—	17	—	22	39
Lumbar Puncture ..	4	—	—	1	—	6	—	11
Periostic-plastic pneumolysis ..	—	—	—	—	1	—	—	1
Phrenic Avulsion ..	—	—	—	—	—	3	—	3
Phrenic Nerve Operation ..	—	—	—	—	8	81	10	99
Pneumonectomy ..	—	—	—	—	10	—	13	23
Pneumonolysis ..	—	—	—	—	32	—	37	69
Rib Resection ..	—	—	—	—	1	—	4	5
Segmental Resection ..	—	—	—	—	3	—	13	16
Thoracoplasty ..	—	—	—	—	79	—	148	227
Thoracoscopy ..	—	—	—	—	(in stages)	—	(in stages)	—
Thoracoscopy and pneumonolysis ..	—	—	—	—	5	—	12	17
Wedge Resection ..	—	—	—	—	—	41	—	41
Minor Surgery (not specified)	—	—	92	2	—	—	14	14
Other Surgery (not specified)	—	—	—	—	17	3	9	94
								29

TABLE XXXIV

Composite waiting list for year 1953

Total number on waiting list at 1st January, 1953	..	..	..	225
Add: New cases placed on waiting list	..	..	..	1,546
				1,771
Deduct: Cases admitted to hospital	..	..	..	1,314
Deaths of patients on waiting list	..	..	..	14
Patients refusing hospital treatment	..	..	..	120
Cases removed for other reason	..	..	..	140
				1,588
Total number on waiting list at 31st December, 1953	..	..	..	183

TABLE XXXV

Comparative analysis of the number of patients on waiting list at 31st December each year for the years 1949–1953

Date	Number on waiting list
31/12/49	628
31/12/50	774
31/12/51	374
31/12/52	225
31/12/53	183

TABLE XXXVI

Analysis of reasons for refusing hospital treatment for the years 1951–1953 with corresponding percentages

Reason Given	Number refusing hospital treatment			Percentage		
	1951	1952	1953	1951	1952	1953
Patient prefers to rest at home	43	37	33	28.86	26.81	27.50
Patient refuses to co-operate	27	58	52	18.12	42.03	43.33
Domestic difficulties ..	7	13	7	4.70	9.42	5.83
Parents refused	16	12	13	10.74	8.70	10.83
Hospital phobia	8	2	—	5.37	1.45	—
Other reasons	20	16	14	13.42	11.59	11.67
No reason given	28	—	1	18.79	—	0.84
TOTAL	149	138	120	100.00	100.00	100.00

TABLE XXXVII

Analysis of patients removed from waiting list for reasons other than refusal during the years 1952–1953 with corresponding percentages

Reason for removal	Number removed			Percentage		
	1951	1952	1953	1951	1952	1953
Improvement in condition ..	310	172	114	91.18	75.44	81.43
Deterioration in condition ..	8	5	—	2.35	2.19	—
Transfers to other areas ..	16	12	9	4.71	5.26	6.43
Other reasons (various) ..	6	39	17	1.76	17.11	12.14
TOTAL	340	228	140	100.00	100.00	100.00

TABLE XXXVIII

Age and sex distribution of persons vaccinated with BCG, persons not vaccinated and positive reactors during the year 1953

Age Groups (in years)	Number Vaccinated		Number refusing vaccination		Number lost sight of		Number positive		Total number tested		Percentage Vaccinated	
	M	F	M	F	M	F	M	F	M	F	M	F
Under 1	1,699	1,521	3	3	2	1	6	4	1,710	1,529	99.36	99.48
1—	150	131	—	—	3	—	6	7	159	138	94.34	94.93
2—	158	145	2	1	—	3	9	9	169	158	93.49	91.77
3—	177	145	—	1	1	1	16	14	194	161	91.24	90.06
4—	170	161	4	1	—	1	13	13	187	176	90.91	91.48
5—	772	796	6	—	1	3	98	112	877	911	88.03	87.38
10—	1,197	1,330	6	6	5	2	1,549	1,618	2,757	2,956	42.07	44.99
15—	408	621	3	4	—	—	244	585	854	1,210	47.66	51.32
20—	108	122	—	3	—	—	120	191	229	316	47.37	38.61
25—	17	17	—	—	—	—	45	38	62	55	27.42	30.91
30—	5	6	—	—	—	—	13	21	18	27	27.78	22.22
35—	—	4	—	—	—	—	15	13	15	17	—	23.53
40—	—	3	—	—	—	—	4	5	4	8	—	37.50
45—	—	3	—	—	—	—	2	4	2	7	—	42.86
50—	—	—	—	—	—	—	1	1	1	1	100.00	100.00
55—	—	1	—	—	—	—	—	—	—	1	—	100.00
60—	—	—	—	—	—	—	—	1	—	1	—	100.00
65+	7	18	—	—	—	—	—	—	7	18	—	100.00
Not stated	18	26	1	—	—	1	46	53	65	80	100.00	100.00
TOTAL	4,886	5,050	25	19	12	12	2,387	2,689	7,310	7,770	66.29	64.99
..	9,936		44		24		5,076		15,080			

In additions there were 5 positive reactors and 9 vaccinees in which the sex was not stated

TABLE XXXIX

Total number of persons X-rayed by Mass Radiography (Static Unit) during the year 1953 analysed according to results of examination
(percentage in italics)

MALES										
Age Groups (in years)	DIAGNOSIS									
	TUBERCULOSIS						Other Abnorm- alities	Normal	Total	
	Pulmonary (post primary)		Pleural Effusion	Active Primary	Inactive Primary	Total				
	Active	Inactive								
0— %	1 0.09	— —	— —	7 0.61	66 5.79	74 6.49	41 3.60	1,025 89.91	1,140 100.00	
15— %	41 0.68	14 0.23	6 0.10	18 0.30	285 4.73	364 6.04	248 4.12	5,413 89.84	6,025 100.00	
25— %	42 1.06	46 1.16	— —	— —	223 5.64	311 7.87	311 7.87	3,329 84.26	3,951 100.00	
35— %	24 0.84	66 2.31	1 0.04	— —	168 5.89	259 9.08	413 14.47	2,182 76.45	2,854 100.00	
45— %	20 0.74	83 3.08	— —	— —	201 7.47	304 11.29	742 27.56	1,646 61.15	2,692 100.00	
60+ %	3 0.69	20 4.61	— —	— —	31 7.14	54 12.44	229 52.77	151 34.79	434 100.00	
Total %	131 0.77	229 1.34	7 0.04	25 0.14	974 5.70	1,366 7.99	1,984 11.61	13,746 80.40	17,096 100.00	

TABLE XXXIX—continued

FEMALES										
DIAGNOSIS										
Age Groups (in years)	TUBERCULOSIS						Other Abnorm- abilities	Normal	Total	
	Pulmonary (Post Primary)		Pleural Effusion	Active Primary	Inactive Primary	Total				
	Active	Inactive								
0— % ..	3 0.30	— —	1 0.10	5 0.50	43 4.29	52 5.19	35 3.50	914 91.31	1,001 100.00	
15— % ..	65 0.82	19 0.24	5 0.06	16 0.20	289 3.66	394 4.99	343 4.34	7,158 90.67	7,895 100.00	
25— % ..	44 1.19	56 1.52	— —	1 0.03	191 5.17	292 7.91	289 7.83	3,111 84.26	3,692 100.00	
35— % ..	19 0.93	41 2.00	— —	— —	152 7.40	212 10.33	306 14.91	1,535 74.76	2,053 100.00	
45— % ..	5 0.34	50 3.38	— —	— —	127 8.59	182 12.31	369 24.95	928 62.74	1,479 100.00	
60+ % ..	1 0.38	11 4.22	1 0.38	— —	31 11.88	44 16.86	137 52.49	80 30.65	261 100.00	
Total % ..	137 0.84	177 1.08	7 0.04	22 0.13	833 5.09	1,176 7.18	1,479 9.03	13,726 83.79	16,381 100.00	

TABLE XXXIX—continued

BOTH SEXES										
Age Groups (in years)	DIAGNOSIS									Total
	TUBERCULOSIS						Other Abnorm- alities	Normal		
	Pulmonary (post primary)		Pleural Effusion	Active Primary	Inactive Primary	Total				
	Active	Inactive								
0— %	4 0.19	— —	1 0.05	12 0.56	109 5.09	126 5.89	76 3.55	1,939 90.56	2,141 100.00	
15— %	106 0.76	33 0.24	11 0.08	34 0.24	574 4.12	758 5.44	591 4.25	12,571 90.31	13,920 100.00	
25— %	86 1.13	102 1.33	— —	1 0.01	414 5.42	603 7.89	600 7.85	6,440 84.26	7,643 100.00	
35— %	43 0.88	107 2.18	1 0.02	— —	320 6.52	471 9.60	719 14.65	3,717 75.75	4,907 100.00	
45— %	25 0.60	133 3.19	— —	— —	328 7.86	486 11.65	1,111 26.64	2,574 61.71	4,171 100.00	
60+ %	4 0.58	31 4.46	1 0.14	— —	62 8.92	98 14.10	366 52.66	231 33.24	695 100.00	
Total %	268 0.80	406 1.21	12 0.04	47 0.14	1,807 5.40	2,542 7.59	3,463 10.35	27,472 82.06	33,477 100.00	

TABLE XL

Total number of persons X-rayed by Mass Radiography (Mobile Unit) during the year 1953 analysed according to results of examination
(percentage in *italics*)

MALES										
Age Groups (in years)	DIAGNOSIS									
	TUBERCULOSIS							Other Abnorm- alities	Normal	Total
	Pulmonary		Pleural Effusion	Active Primary	Inactive Primary	Total				
	Active	Inactive								
0— % ..	1 0.06	1 0.06	— —	4 0.23	157 8.92	163 9.26	65 3.69	1,533 87.05	1,761 100.00	
15— % ..	25 0.36	18 0.26	1 0.01	2 0.03	357 5.20	403 5.87	290 4.23	6,169 89.90	6,862 100.00	
25— % ..	20 0.43	50 1.08	— —	— —	236 5.08	306 6.59	312 6.72	4,024 86.69	4,642 100.00	
35— % ..	6 0.19	52 1.67	1 0.03	— —	147 4.73	206 6.62	359 11.54	2,546 81.84	3,111 100.00	
45— % ..	7 0.25	73 2.64	— —	— —	121 4.38	201 7.28	616 22.32	1,943 70.40	2,760 100.00	
60+ % ..	1 0.22	12 2.58	— —	— —	20 4.30	33 7.10	231 49.68	201 43.22	465 100.00	
Total % ..	60 0.31	206 1.05	2 0.01	6 0.03	1,038 5.30	1,312 6.69	1,873 9.56	16,416 83.75	19,601 100.00	

TABLE XL—continued

FEMALES										
Age Groups (in years)	DIAGNOSIS									
	TUBERCULOSIS							Other Abnorm- alities	Normal	Total
	Pulmonary		Pleural Effusion	Active Primary	Inactive Primary	Total				
	Active	Inactive								
0— %	2 0.12	1 0.06	1 0.06	1 0.06	106 6.48	111 6.78	51 3.12	1,474 90.10	1,636 100.00	
15— %	24 0.38	17 0.27	1 0.02	7 0.11	116 1.85	165 2.63	251 4.00	5,863 93.37	6,279 100.00	
25— %	16 0.60	28 1.04	— —	— —	63 2.34	107 3.98	159 5.91	2,423 90.11	2,689 100.00	
35— %	5 0.28	24 1.33	— —	— —	50 2.77	79 4.38	180 9.98	1,544 85.64	1,803 100.00	
45— %	2 0.15	27 1.98	— —	— —	45 3.29	74 5.42	290 21.23	1,002 73.35	1,366 100.00	
60+ %	2 0.88	4 1.77	— —	— —	14 6.19	20 8.85	131 57.96	75 33.19	226 100.00	
Total %	51 0.36	101 0.72	2 0.01	8 0.06	394 2.81	556 3.97	1,062 7.59	12,381 88.44	13,999 100.00	

TABLE XL—continued

BOTH SEXES										
Age Groups (in years)	DIAGNOSIS									
	TUBERCULOSIS						Other Abnorm- alities	Normal	Total	
	Pulmonary		Pleural Effusion	Active Primary	Inactive Primary	Total				
	Active	Inactive								
0— %	3 0.09	2 0.06	1 0.03	5 0.15	263 7.74	274 8.07	116 3.41	3,007 88.52	3,397 100.00	
15— %	49 0.37	35 0.27	2 0.02	9 0.07	473 3.60	568 4.32	541 4.12	12,032 91.56	13,141 100.00	
25— %	36 0.49	78 1.06	— —	— —	299 4.08	413 5.63	471 6.43	6,447 81.94	7,331 100.00	
35— %	11 0.22	76 1.55	1 0.02	— —	197 4.01	285 5.80	539 10.97	4,090 83.23	4,914 100.00	
45— %	9 0.22	100 2.42	— —	— —	166 4.02	275 6.67	906 21.96	2,945 71.37	4,126 100.00	
60+ %	3 0.43	16 2.32	— —	— —	34 4.92	53 7.67	362 52.39	276 39.94	691 100.00	
Total %	111 0.33	307 0.92	4 0.01	14 0.04	1,432 4.26	1,868 5.56	2,935 8.74	28,797 85.70	33,600 100.00	

TABLE XLI

Details of Laboratory Work carried out during the year 1953

CENTRAL LABORATORY

<i>Blood:</i>					<i>Pleural Fluid:</i>				
Calcium	2				Bacteriological	187			
Cholestrol	2				Cytological	160			
Serum Albumin	2				<i>Synovial Fluid:</i>				
Serum Globulin	2				Bacteriological	16			
Plasma Protein	12				Cytological	16			
Plasma Sodium	2				<i>Ascitic Fluid:</i>				
Serum Potassium	2				Bacteriological	2			
Sugar	301				<i>Faeces:</i>				
Urea	17				Bacteriological	11			
Red and White Cell Counts ..	448				Occult Blood	8			
Haemoglobin	441				<i>Urine:</i>				
Platelet Counts	2				Chemical	770			
Films	86				Bacteriological	620			
A.B.O. Grouping	192				<i>Miscellaneous Examinations:</i>				
Rh. Typing	192				Histological	58			
Crossmatching	418				Autopsies	3			
Coombs Test	53				Examination of Resected Lung Specimens	61			
Sedimentation Tests	2, 536				Uterine Curettings for <i>Myco. tuberculosis</i>	3			
Van den Bergh	3				Tonsils for <i>Myco. tuberculosis</i> ..	2			
Widal	3				Sewage for <i>Myco. tuberculosis</i> ..	3			
Paul Bunnell	3				Bone Marrow for <i>Myco. tuberculosis</i>	150			
<i>Sputum:</i>					Phosphatase and Bacteriological Tests in Milk	142			
Direct Examination for <i>Myco. tuberculosis</i>	17,703				Fractional Test Meals	3			
Culture for <i>Myco. tuberculosis</i> r-	7,696				Preparation of Tuberculins and Vaccines	160			
Laryngeal Swabs for <i>Myco. tuberculosis</i>	26				Animal Inoculations	34			
Malignant Cells	56				Tape Worm	2			
Spirilla and Fungi	32				Food	3			
Pyogenic Organisms	164				<i>Cerebro-Spinal Fluid:</i>				
Asbestosis	4				(Not specific therapy cases)				
<i>Fasting Gastric Residue:</i>					Bacteriological	324			
Culture for <i>Myco. tuberculosis</i> ..	2,136				Cytological	324			
<i>Pus:</i>					Protein	324			
Bacteriological	191				Chloride	324			
Ear Swabs	22				Sugar	324			
Throat Swabs	2				<i>Cultures for Sensitivity Tests:</i>				
Nasal Swabs	4				(Streptomycin, Isonicotinic acid hydrazide, Para-aminosalicylic acid)				
Sensitivity to Antibiotics	125				Sputum	3,971			

SPECIFIC ANTI-TUBERCULOSIS THERAPY

<i>Cerebro-Spinal Fluid:</i>					<i>Cultures for Sensitivity Tests:</i> (Streptomycin, Isonicotinic acid hydrazide, Para-aminosalicylic acid)				
Bacteriological	..	..	..	1,798					
Cytological	..	..	..	2,102					
Protein	..	..	..	2,092					
Chloride	..	..	..	1,827					
Sugar	..	..	..	1,879					
<i>Urine:</i>					Sputum	..	..	3,971	
					Cerebro-Spinal Fluid	..	..
					Gastric Residue	..	..
					Urine	..	..
					Pleural Fluid	..	..
Culture for <i>Myco. tuberculosis</i>	..			96	Pus	..	..
Cytology, etc.	..	..	..	96					

Total number of investigations:—50,775

LABORATORY, LONDONDERRY CHEST HOSPITAL

Blood:

Blood Sedimentation Rate	..	4,084
Red and white cell counts	..	209
Haemoglobin	.. ..	340
Films	.. ..	9
Differential counts	.. ..	19

Sputum

Direct examinations for <i>Myco.</i>		
<i>tuberculosis</i>	.. ..	4,136
Culture examinations for <i>Myco.</i>		
<i>tuberculosis</i>	.. ..	378

Gastric Residue:

Direct examinations for <i>Myco.</i>		
<i>tuberculosis</i>	.. ..	2
Culture examinations for <i>Myco.</i>		
<i>tuberculosis</i>	.. ..	61

Pleural Fluid:

Direct examinations for <i>Myco.</i>		
<i>tuberculosis</i> and cytology	..	39
Culture examination for <i>Myco.</i>		
<i>tuberculosis</i>	.. ..	29

Pus:

Direct examination for <i>Myco.</i>		
<i>tuberculosis</i>	.. ..	21
Culture examination for <i>Myco.</i>		
<i>tuberculosis</i>	.. ..	5

Peritoneal Fluid:

Cytology	.. ..	2
Culture for <i>Myco. tuberculosis</i>	..	2

Faeces:

Culture for <i>Myco. tuberculosis</i>	..	2
---------------------------------------	----	---

LABORATORY, DUNGANNON CHEST HOSPITAL

Examinations for <i>Myco. tuber-</i>		
<i>culosis</i>	.. ..	1,413

TABLE XLII

Analysis of Deaths from Tuberculosis during year 1953

Age Groups (in years)	Tuberculosis of the Respiratory System		Tuberculosis of the Meninges and Central Nervous System		Tuberculosis of the Intestines Peritoneum and Mesenteric Glands		Tuberculosis of the Bones and Joints		Tuberculosis all other forms		Total	
	M	F	M	F	M	F	M	F	M	F	M	F
Under 1	—	1	—	1	1	—	1	—	—	—	2	2
1—	—	—	3	2	—	—	—	1	—	—	3	1
2—	—	—	—	3	—	—	—	—	—	—	—	2
3—	—	—	—	—	—	—	—	—	—	—	—	3
4—	—	—	1	—	—	—	—	—	—	—	—	—
5—	—	—	1	1	—	—	—	—	—	—	1	—
10—	—	—	—	—	1	—	1	—	1	—	1	2
15—	1	1	3	1	—	—	—	2	—	—	3	3
20—	4	11	1	1	—	—	—	—	—	—	4	2
25—	7	18	—	—	—	—	—	—	—	—	5	13
30—	8	18	—	—	—	—	—	1	—	—	9	18
35—	11	8	—	—	—	—	1	—	—	—	8	20
40—	7	7	—	—	—	—	—	—	—	—	12	7
45—	14	10	1	1	—	—	2	—	1	—	18	12
50—	16	4	1	—	—	1	1	—	1	—	19	4
55—	14	7	—	1	—	1	—	—	—	—	14	10
60—	21	5	—	—	—	2	—	—	—	—	21	9
65—	20	8	—	1	—	—	—	—	1	—	21	9
70—	11	7	—	—	—	—	—	—	—	—	11	11
75—	8	4	—	—	—	1	—	—	—	—	9	4
80—	2	3	—	—	—	—	1	—	—	—	2	3
85+	—	1	—	—	—	—	1	—	1	—	2	1
TOTAL	144	113	11	12	2	5	8	9	7	5	172	144

Figures kindly supplied by the Registrar-General for Northern Ireland

KEY

— AREA BOUNDARIES

- - - COUNTY BOUNDARIES WHERE DIFFERING FROM AREA BOUNDARIES



CHEST CLINICS



CHEST HOSPITALS

AREAS



No 1



No 2



No 3



No 4



SCALE : 1" TO 15 MILES

